/11

		PLACE OF DEATH	STATE OF MARYLAND
	Coun	w/ Cashing tou	CERTIFICATE OF DEATH
	Villa	ne or City Hoadson bown No City	Registration Dist. No
	vinag	or dry I gody Intraction (No. 1977)	a hospital or institution, give its NAME instead
		2 FULL WAME MAD. CHIMA EX	Crustrong, of street and number.]
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 sg	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCE Write-the word	16 DATE OF DEATH  (Month)  (Day)  (Year)
X	6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
		July 24 1850.	1916, to New 22, 1916,
	7 AGI	(Month) (Day) (Year)	that I last saw h W alive on 1916,
	AGI	1 day, hrs.	and that death occurred on the date stated above, at & from.
		60 yrs. 4 mos. 2 ds. OR min.?	The CAUSE OF DEATH * was as follows:
		Trade, profession, or Housewife	Chronic houseine Catarrh
	( D)	General nature of industry iness, or establishment in	P Rheuwalin
	Wbi	ch employed (or employer)	(Buration) J. yrs. mos. ds.
	9 BI	State or country)	Contributory Menhantale Confestion of hong
		10 NAME OF SATHER	Cartice west freeles (Buration) yrs. moa 3 ds.
	v	Metra Chayoman	(Signed) a CASIA AREACE, M.D.
	ENT	11 BIRTHPLACE OF FATHER (State or country)	*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIDENTAL,
1000	PARE	12 MAIDEN NAME CANHLING, FINSH	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
		13 BIRTHPLACE OF MOTHER (State or country)  M. C.	OR RECENT RESIDENTS) At placa In the of death
	14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piece of dasth?
	_ (	Informant) W. H. assistrong	Former or usual residence
		(Address) Haggyolown	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	15	12/22 -11 0	Tose Hill Cemetery 721, 1910
	File	720, 191 5 ( Blung Miss	20 UNDERTAKERY ADDRESS
-		REGISTRAR  If more blanks are needed, address State Registrar, I	16 W Sanatora St. Ralta Paquesting V S. No. 1

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, ctc. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, Civil But in many cases, If retired from The question

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "An emia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) Struck "Puerperal peritonitis," etc. cause. "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, symptoms or terminal conditions, such as "Asthenia chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Never report mere



STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No.

Ward)

MEDICAL CERTIFICATE OF DEATH

If death occurred in

a hospital or institution.

give Its NAME instead of street and number.

PHYSICIANS t statement of

1 PLACE OF DEATH

<sup>2</sup> FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

5 SINGLE.

[Approved by U. S. ('ensus and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Screant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more Housemoid, etc. If the occupation has been changed taken to report specifically the occupations of persons mobile factory. only when needed. As examples: (a) Spianer, (b) Cotton business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer. Stationary froman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, ctc. Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Grovery; (a) Foreman, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drounting; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) head-homicide; "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Scnilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marascough; Chronic valentar heart disease; Chronic interstitial birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the "Anaemia" symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Meusles; Whooping chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important nephrilis, etc. (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcona, etc., of..... "Coma," railway train-accident; Revolver oma," "Convulsions," The contributory (secondary or intercur-Poisoned by carbolic acid-probably "Debility" ("Con-(Recommendations to purno.n



PHYSICIANS should state of OCCUPATION is very Exact statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED ORDIVORCED (Write the word) DATE OF BIRTH properly classified. (Month) (Day TAGE SOCCUPATION (a) Trada, profession, or particular kind of work may be (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that It 10 NAME OF 80 50 OF FATHER (State or dountry on back ARENTS in plain terms, 12 MAIDEN NAME See instructions OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) DEATH TO KNOWLEDGE 上の Important.

Address

15

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in

NAME Catterine O	Basfrs and nomber.
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White Single, Married, Maintes	18 DATE OF DEATH  (Month)  (Day  (Year)
Select 12, 1833	17 I HEREBY CERTIFY, That I attended deceased from Scholer 15 1915 to See 9, 1945, that I last saw here alive on See 8 41, 1915
yrs 2 mos 2 7 ds   If LESS than 1 day,hrs. or	and that death occurred on the date stated above, at ##m.  The CAUSE OF DEATH* was as follows:
Anoepije	Apoplex of
nt in yer)	Contributory Arterio Seleroses Secondary
Thu Trout	(Signer) (Qyaffon) yrs mos ds.  (Signer) W. D. Delector M. D.
AE CONTRACTOR	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
untry)  UE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS)  Af place in the of death yrs mos ds.  Where was disease contracted,
e aurie Naines	if not at place of death?
191.5 Herry Davis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. zά

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of dcath approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds., "Exhaustion," For vio-





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state Very si NOI OCCUPATION PHYSICIANS PERMANENT CTLY. THIS AGI NX UNFADING d EAT 50 OF Every Iter CAUSE O

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. N If death occurred is a hospital or institution, give Its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIEO, WIDOWED, ORDIVORCEO (Write the word) Marned (Month) (Dav (Year) DATE OF BIRTH 5 880 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION / (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUCIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) \_\_\_ yrs. \_\_\_\_ ds. State \_\_\_\_\_ yrs. Where was disease contracted. If not at piece of death? Former or usual residence. BURIAL OR REMOVAL (Address) DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not statement. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

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mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from inus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of Never report



BINDING FOR RESERVED MARGIN

	state
	nid si
	sho
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
H	Y. ent
ANEN	KACTL
RM	act E
PE	Ex
A	be s
3 15	ould
H	riy o
Ī	AGE
Z	ed.
NG	uppli ay
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IN	lon plair lons
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Ä	Info IATE Ins
IRIT	See
55	Item E Ol
	-Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
	E C
	Z.



Registration Dist. No. 308

[If death occurred in

*FULL NAME Mary E. Begon	a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temele Wilde (Write the word)	(Month) (Day (Year)
B DATE OF BIRTH  One sch 4, 1835  (Month) (Day (Year) that I last	237 1915 to See 37 , 1915, saw has alive on See 27 , 1915
So yes S mas 2 7 ds OR min 2	death occurred on the date stated above, at 2 Gim, of E OF DEATH* was as follows:  - Che Tangangene a (Mures of Lastophy had become
water employed (or amproyer)	
OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  (Signed)  (Signed)  *Stat CAUSES TAL, SU	(Buration) yrs mos ds.  (Address) yrs mos ds.
13 BIRTHPLACE OF MOTHER (State Of MOTHER) (State Of MOTHER) (State Of MOTHER) (State Of Mother Of Mother Manual Control of Mother	TH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ent Residents)  In the yrs, mos ds disaasa contracted, aca of death?
Filed Sec 6, 1910 Martin Baward  Filed Sec 6, 1910 Martin Baward  FEGISTRAR  If more blanks are needed, address State Registrar, 6 E. F.	tal 3100 Clear Shows

[Approved by U. S. Census and American Public Health Association.]

dutics of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal sentichaectc., when a definite disease can be ascertained as the nus," "Old Age," "Shoek," "Uraemia," "Wcakness," geuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Iuanition," "Marasthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; (Recommendations on statement of Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 3. 1916 BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

I of		22038 60	STATE OF MARYLAND CERTIFICATE OF DEATH
SICIA	Cou	nty Caraly assumed the	CERTIFICATE OF DEATH  Registration Dist. No. 3 0 /
PHY	Villa	age of Williams (No, J.	Ward) [if death occurred in a hospital or institution,
CTLY d. Ex		2 FULL NAME William Mar	tin Bover give its NAME Instead of street and number.]
EXA		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
clas	3 SE	WIDOWED PLANTE	16 DATE OF DEATH 2 , 1915 (Month) (Day) (Year)
be	6 DA	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	7	(Month) (Day) (Year)	that I last saw him alive on A EC 21, 191 J
GE s ck of	7 AC	If LESS than 1 day, hrs.	and that death occurred on the date stated above, at/2/3/0 A3
t it bac		yrs mos ds. OR min.?	The CAUSE OF DEATH * was as follows:
tha s on	(3	CCUPATION  1) Trade, protession, or  Irlicular kind of work	Coba freumoma
Supp S, So tion	(h	o) General nature of industry sincess, or establishment in	
ully erm truc	W	hich employed (or employer)	(Buration) yrs. mos. 5 ds.
ain t	- B	(State or country)	Secondary
ld be d l in pl	10	10 NAME OF Jamil Borles	(Sigged) (Ourstion) yrs mos ds.
on shou DEATH mportar	RENTS	11 BIRTHPLACE OF FATHER (State or country)  Print a.	*State the DISEASE CAUSINO DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
- L -	PAR	12 MAIDEN NAME OF MOTHER STATES	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
is very		13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In tha of deathyrsmosds. Stata,yrsmosds.
O CA	14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, If not at place of death?
state		(intermant) Tho. Or. M. Bover	Former or usual residence
Every it		(Address) Williamsfint Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1.	15 Fil	Dec. 25, 1915 C. E. Rickard	20 UNDERTAKER ADDRESS ADDRESS
z.		Focal REGISTRAR	What Led- Williamsfort 1111
		If more blanks are needed, address State Registrar, 1	li W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health .

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (o) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory freman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, ('wil If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 6-1916
BUREAU, V.S.

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[Approved by U. S. Census and American Public Health Association.]

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull head-hamicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drawning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "Puenpenal septichaemia," mus," "Old Age," "Shoek," "Uracmia," "Weakness," Struck by railway train-accident; Revolver wound cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chranic valualar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinama, Sarcoma, etc., of..... "Anaemia" (name origin; "Cancer" is less definite; avoid use of "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," "Exhaustion," State eause for which Never-report mere ("Con-



V	PLACE OF DEATH	STATE OF MARYL	AND
1	w/ Vashington	CERTIFICATE OF D	EATH
Cour	ity Colored State of the Color		3112
	The Unit of the same	Registration Dist. No.	
Villa	go or City/ AGENSIOWILINO/08, OL	1011 Willand P Twood	[If death occurred in
	7//		hospital or institution, ive its NAME instead
	and have the Come by		f streel and number.]
	2 FULL NAME //// OSULLY		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	АТН
3 SE	/ MARRIEO,	16 DATE OF DEATH	14 : 1015
Xg	male 1 Vinta (Write the word)	(Month)	(Day) (Year)
A	VI TOUR VI TOUR VI	17   HEREBY CERTIFY, That I attende	d deceased from
DA DA	TE OF BIRTH LECTOR OF 10 COL	100.26,1915, to NOC-	, 1915
	(Month) (Day) (Year)	that I last saw h alive on Lee.	17 1915
7 AG		and that death occurred on the date stated a	bove at 130 Pm.
	31 0 29 1 day, hrs.	The CAUSE OF DEATH * was as follows:	
-	yrs, mos, at 7 ds.   OR min.?		
V (8	CCUPATION 1) Trade, profession, or	Carlenomes of a	terus
ba	riicular kind of werk		
l (b	) General nature of Industry siness, or establishment in		-
wh	ich employed (or employer)	(Ouration) yra	mos ds.
9 B	IRTHPLACE (State or country)	Secondary	***************************************
	(leffeld)	Texerra pression you	
	10 NAME OF FATHER	(Signed) / Mulli Layer	au ma
(0	John V. Mit.	10-18 × 4-00	stours.
RENTS	11 BIRTHELACE OF PATHER (Shate or country)	*Stote the Draway Causing Dearth or in dea	the from VIOLENT
M	12 MAIDEN NAME	*State the Disease Causing Death, or, in dea Causes, state (1) Means of Injury; and (2) who Suicidal of Homicidal.	ether-Accidental,
PA	OF MOTHER SEAL COMMINICAL	19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITU	UTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS)  At place In the	
	(State or country)		yrs ds.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contrasted,  If not at piece of death?	
10	Themas Mostret En Doiler	Former or	
G	(Informant)/UV/UV/UV/UV/UV/UV/UV/UV/UV/UV/UV/UV/UV/	usuai residence	
1	(Address) Nassalloysow Ma	19 PLACE OF BURIAL OR REMOVAL OATE	OF BURIAL
15		4071C, Va.	12 011, 191 5
FI	17/20 1915 Heury Davis	29 UNDERTAKER AODI	BESS
- "	REGISTRAR	Ousular Voow AV	gerslown
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be taken to report specifically the occupations of persons state occupation at beginning of illness. mobile factory. The material worked on may form part of the second statement. Never return "Laborer," write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever If the occupation has been changed Locomolive engineer, If retired from The question (b) Auto-

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STATE OF MARYLAND HYSICIANS statement of CERTIFICATE OF DEATH Registration Dist. No. filf death occurred in 0 a hospital or institution, give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH Ш SINGLE, 3 SEX 16 DATE OF DEATH class 4 COLOR OR BACE MARRIED, (Month) (Day) certificate CERTIFY, That I attended deceased from prope 6 DATE OF BIRTH pino pe (Year) (Month) (Day) of TAGE If LESS than may and that death occurred on the date stated above, at 200m. ш 1 day, hrs. back O OR mla.? <u>.</u> that OCCUPATION ed (a) Trade, profession, or 0 suppli ions (b) General nature of Industry terms, instructi business, or establishment in carefully which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) C See 10 NAME OF FATHER 9 0 important I 0:11 11 BIRTHPLACE (Address) ENT OF FATHER d \*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT S (State or country) tul CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, PARE 20 0 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER of informatic 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS very OR RECENT RESIDENTS) 13 BIRTHPLACE In the At place OF MOTHER WRITE State. S of death .... mes. (State or country) ... yrs. should state CAL Where was diseese contracted, 14 THE ABOVE IS If not at place of death? Former or usuat residence DATE OF BURIAL ..., 191. ADDRESS 80 REGISTRAP ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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/	¹ PLACE OF DEATH	CTATE OF MARY AND
t of	ONG 1 + 22042 V	STATE OF MARYLAND CERTIFICATE OF DEATH
HYSICIAN statement	County A AS MANGARA	3/1/
YSI	4	Registration Dist. No.
T St	Village or City Haghshur (No. 3/ Ca	T Washinglist; Ward) [If death occurred in a hospital or institution,
LY. Exac	Child Han	give its NAME instead of street and number.
5	2 FULL NAME JULY A / V WULL	y 2 locator -
EXA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
10	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED	16 DATE OF DEATH LOCK 7 1915
00	Lemale Offite OR DIVORCED (Write the word)	(Month) (Day) (Year)
nould be sta be properly certificate.	6 DATE OF BIRTH	17 1 HEREBY CERTITY, That I attended deceased from
	Lee 7 ,19/3	
10 1-	. (Month) (Day) . (Year)	
SEA	1 day,hrs	The CAUGE OF DEATH & was as follows:
. 44	8 OCCUPATION	- Still - ban,
that that	(a) Trade, profession, or particular kind of work	Clacenta processor of
suppli	(b) General nature of Industry	
fully su terms, structi	businoss, or establishment in which employed (or employer)	(Duration) yrs mosds.
n te inst	9 BIRTHPLACE (State or country)	Contributory Secondary
plai See	10 NAME OF C	(Duration), yrs. mos. ds,
פב	Harry & Brown	(Signed) Mary & Laughlin, M. O.
ion should F DEATH important	11 BIRTHPLACE OF FATHER ON 91	*State the Design Calving Diagra or in deaths from Violent
n sh DEA	I BIRTHPLACE OF FATHER (State or country)  M  12 MAIDEN NAME  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, on deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
	a OF MOTHER Jestigh Crawn	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
SE O	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At placa In the
CAU N is	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
	8/ 7 2	tf not at place of death?
Every item of should state ( OCCUPATIO	(Informant) Harry & Marin	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every should OCCU	(Address) Hazlislauge Md	Base Will Come have 1915
Sho	15 14/4 5 Theren 1	20 UNDERTAKER ADDRESS
m	Filed . 191	Kraiss Bros Hagerstuins
Z	If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Payses town (No.) Vash	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302  [If death occurred to a hospital or institution,
*FULL NAME Flora Nory C	wa Process give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Cotored Single, Married widowed, Warried or loved (Write the word)	18 DATE OF DEATH ON ON (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	100 29, 1915, to Die 29, 1915, that I last saw her alive on Die 29, 1915
7 AGE  1 LESS than 1 day,hrs. OR min.?  2 OCCUPATION (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, stm, The CAUSE OF DEATH* was as follows:  (agliage English  John of Tever
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary  (Durzflon)  yrs.  moy  (Surzflon)  yrs.  mos  ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF KNJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
BIRTHPLACE OF MOTHER (State or country)  When above is true to the Best of My knowledge (Informant)  When Above is true to the Best of My knowledge	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, Imm. Direction was death?  If not at place of death?  Show the former of usual residence. 46 Blocks for the state of the state o
15 Filed 12/20, 1915 Holly Staves REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS  AL CALLUMAN  CALLUMAN  CALLUMAN  ADDRESS
II more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. A.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. gainfully employed, as At school or At home. Care statement. it should he used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," If the occupation has Laborer-Coal As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerehrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion,"



1 PLACE OF DEATH 22044	STATE OF MARYLAND		
mashe atm	CERTIFICATE OF DEATH		
County Management	1010		
M P ·	Registration Dist. No. 5		
Village or City Llar I minorme	St.;		
alle 1 TO	give its NAME instead		
2 FULL NAME ROUT 15 The	of street and number.]		
	MEDICAL CERTIFICATE OF DEATH		
PERSONAL AND STATISTICAL PARTICULARS			
Male Acolor or race Single, Married, Ringle Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) , 1915		
	17   HEREBY CERTIFY, That I attended deceased from		
6 DATE OF BIRTH	Del 3/, 1915, to Del 3/, 1913;		
(Month) (Day) Year)	that i last saw ham alive on Die 31, 1915,		
7 AGE If LESS than	and that death occurred on the date stated above, at		
yrs. 9 mos. 6.ds. OR min.?	The CAUSE OF DEATH * was as follows:		
a) Trade, profession, or			
particular kind of work	Filmonary Gedeman		
(b) General nature of Industry business, or establishment in	(Buration) yrs. mos. / ds.		
which employed (or employer)	00 10 00		
9 BIRTHPLACE (State or eountry)	Secondary Secondary		
- Ilmpand	(Dyralion) yrs. mos ge have.		
10 NAME OF FATHER	(Signed) & M Jumeuman S. M. O.		
11 BIRTHPLACE	3/3/ 191 5 (Address Williams front		
Def Father (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the DISRASE CAUSING DEATH, or, in deaths from VIOLENT		
C 12 MAIDEN NAME	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.		
of MOTHER Sadie Cline	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
13 BIRTHPLACE OF MOTHER	At place tn ths		
(State or country) (Many and	of death yrs. mos. ds. Stats, yrs. mos. ds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?		
(Intofment) Dalvu Characy	Former or usual residence		
(A) Pinh 1 mile	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address) / Louisons	Rehissille Md Jan 2, 191 b.		
15 Jan 1st 1 la to Richard	20 UNDERTAKER ADDRESS		
Filed fam. ST. 191 6 Co. C. Vecchara	alle taled Williamstant Md		
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto, Requesting V. S. No. 1.		
The state of the s			

00011

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Doy laborer, Farm loborer, Laborer Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (o) Salcsman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Former or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by corbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puenperal septichuemio, mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Conlarse," "Coma," "Convulsions," "Debility" ("Conlarse," "Convulsions," "Debility" ("Conlarse," "Convulsions," Struck by railway troin-accident; Revolver surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valentar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinomo, Sarcomo, etc., of ..... to determine definitely. Examples: Accidental drowning, Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause Never report mere (Recommendations for which wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 6 - 1916
BUREAU, V.S.

RECORD

#### SIGIANS should state occupATION is very PHYSICIANS classified. pe euppi may dad PRES 20 0 terms, n back 0.0 plain instructions 드 of Inform DEATH See Instr

OF

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mportant. Every Ite

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. ....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH MARTIED. WIDOWED. (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER ELENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. ... State \_\_\_\_\_ yrs... \_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address) 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If death occurred in

(Year)

a hospital or institution.

give its NAME Instead of street and number. I

(Day

DATE OF BURIAL

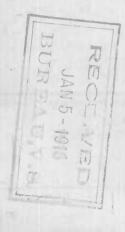
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None, been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



V. S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD WRITE PLAINLY, WITH N.B.

VIIIage or City Payerstein (No. 106 W	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3.02  Sethel St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead in street and number.]  Recovery + figures Court feer
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, Sungle Widower, Orbivorce (Write the word)	16 DATE OF DEATH LOCK 27, 1913  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw h allycon 1915.
POCCUPATION (a) Trade, protession, or particular kind of work. (b) Denerat nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date atated above, at
9 BIRTHPLACE (State or country) Mary Laure	Secondary (Ouration) yrs mos ds.
FATHER  JUNES TOUTION  11 BIRTHPLACE OF FATHER (State or country)  W  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds
(Informant) 120792 Toos for  (Address) Carolile for  Filed 12/29, 1815 Hoenry David  REGISTRAN	Where was disease contracted, It not at place of death?  Former or USUAI residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRES  ADDRES  H. Lottaucau  Rayeustore.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. A.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Never return (b) Cotton mill; (a) Salcsman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencialnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medicai Association. "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for The contributory tctanus) may be stated under the head of Always qualify all discases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustlon," For vio-



	1 PLACE OF DEATH	STATE OF MARYLAND
County Massing 22047		CERTIFICATE OF DEATH
	+ 5	Registration Dist, No.
Vil	lage or City talfishous (No. Dece	(Pitte St.; Ward) [If death occurred to a hospital or institution,
	Man Elle	give its NAME instead of street and number.]
	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEALOAL CERTIFICATE OF DEATH
3/5	Wale That Single, MARRIED, WIDWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY GERTIFY. That I attended deceased from
8 D	ATE OF BIRTH	March 1915 - Sor 1915
	(Month) (Day (Year)	that I last saw her ally of but See 20 1915
7 A		and that death occurred on the date stated above, at 10 2 m.
	40 ( day,hrs.	The CAUSE OF DEATH* was as follows:
_	yrs mos. / O ds.   or min. ?	From History of Case
	CCUPATION Trade, profession, or	fout Indigestion and
pa	rticular kind of work	mitral Starfisis
bus	General nature of industry, iness, or establishment in ich employed (or employer)	(Duration)yrsmos,ds.
	RTHPLACE (State or country)	Contributory
_	10 NAME OF	(Ouration) yra? mos ds.
	FATHER I Dac Summers	(Signed) . M. M. Nihian , M. O.
IS	11 BIRTHPLACE	Jan 2 , 1916. (Address) Tragaston Und
ARENTS	OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
PA	OF MOTHER	
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds.
14.	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	MAN (90 111 / ) / Augusta	If not at place of death?
(thforwant)		osual residence
	(Address) May lastowy Pull	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	1/0 / 2/	Hagerstown Web Jul 3, 1915
FI	100 /3- 1916 Agency Davis	20 UNDERTAKER ADDRESS
74	REGISTRAR	a stuar stages on
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 14
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[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfuifirst line will be sufficient, e. g., Farmer or Planter, the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Mcasles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for maig The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of "Exhaustion," For vio-



.-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN S. No. m

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大大

PLACE OF DEATH

County Warhington 22048	CERTIFICATE OF DEATH	
	Registration Dist. No. 3	
Village or City Players town (No. Sout	St.; 2 Ward)  [If death occurred in a hospital or institution, give its NAME instead	
2 FULL NAME Flung & Ex	of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE   5 SINGLE, MARRIED, Wildows, Wilsowel, ORDIVORCED (Write the word)	(Month) (Day (Year)	
6 DATE OF BIRTH  Auf Honoral (Month) (Day (Year)	that I lest saw him alive on the Samuel Samu	
7 AGE    Stolich   Day (lear)	and that death occurred on the date stated above, at 730 Pm. The CAUSE OF DEATH* was as follows:	
* OCCUPATION (a) Trade, profession, or particular kind of work	Joens X closers and	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 3 ys mos ds.	
State or country) Peruntly	Secondary Ala (Bureller)	
10 NAME OF FATHER When Cerider	(Signed) , M. D.	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-	
of Mother Mary Eastow	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORTED	
13 BIRTHPLACE OF MOTHER (State or country) Research	At place In the of death yrs, mos, ds.	
(Informati) Sellicus Muans	Where was disease contracted, If not at place of death?  Former or usual residence.	
(Mediress) Raylestion und	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Filed 12/11 19:5 Heiny Davis REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS HALLS	
If more blanks are needed address State Postate	The and the party of the party	

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

\* material worked on may form part of the second the nature of the business or industry, and therefore an should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Mcdical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory Measles (discase causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; "Exhaustion," Nevcr report For VIO-



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A PERMANENT AGE should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF

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	EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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of information should be DEATH in plain terms, so See instructions on back of Important. 1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

fif death occurred in a hospital or Institution, give its NAME instead ot street and nomber. ]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Service Wille Willower, ORDIVORCED (Write the word) 6 DATE OF BIRTH . Chris 2/ 2/5	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That attended deceased from
(Month) (Day (Year)  7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 130 pm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country.)  **The country of the	Contributable Courties yrs mos 2 ds.  Contributable Court Courties yrs mos 2 ds.
10 NAME OF FATHER Warry Coroner.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME Y OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHER O	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At place In the of death yrs, mos, ds  Where was disease contracted, if not at place of death? Former or usual residence.
15 Filed 12/24, 1915 Holy Davis REGISTRAN	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  AUGUSTAL  20 UNDERTAKER  ADDRESS  ANDRESS  ANDRESS  ANDRESS  ANDRESS

If more blanks are needed, address State Registrar, 6 E. Franklip St., Balto., Requesting V. S. No. A.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an should be taken to report specifically the occupations Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin

childbirth or misearriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. "Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For VIO-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. 8. No.

N.B.

Village or City Columnical (No. 22050)  2 FULL NAME Translin &	STATE OF MARYLAND CERTIFICATE OF DEATH302 Registration Dist. No. 366  St.; Ward)  [If death accurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
Male White of Single, MARRIED, WIGOWED or OVORCEO (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended deceased from
** DATE OF BIRTH	that I last saw have alive on the date stated above, at The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, prefessive, or perficular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory  Secondary  Contributory
10 NAME OF FATHER Chas E. Delaughter  11 BIRTHPLACE OF FATHER (State or country) Firel les strol  12 MAIDEN NAME OF MOTHER Sarah Hartle.  13 BIRTHPLACE OF MOTHER (State or country) Lesturgung and	*State the DINEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs. mes. de. State, yrs. mes. de.
(teforment) Chas E. Delanghtur  (Address) Cherricelle	Where was disease contracted, it not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LIA G. Ch., 1915
Filed. D. C	LO B How Links Burg  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) (:rocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day taborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . (name origin; "Caneer" is less definite; avoid use of "Tumor" for malignant neoplasins); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion." "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

No. 1.

V. 8.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS WRITE

Village or City P.7 D Judgerick  22051  Village or City P.7 D Judgerick  2FULL NAME  22051	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 36  St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)  7 AGE  (Month) (Day (Year)  (It LESS than f day, hrs. OR min.?  8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	that I last saw hashed on the date stated above, at the many that death occurred on the date stated above, at the many that death occurred on the date stated above, at the many that th
13 BIRTHPLACE OF MOTHER (State or country) Title Com., Pa  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (IMPORMANT)  (Address) 11, 12, 13, 14, 15, 15  Filed A 225, 1915 + H Seminar REGISTRAR	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?  Former or sual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  Para, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) death), 29 ds.;



# PERMANENT

0 m 50 back Instructions 5 0 Item OF Important. Every It 00

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No It death occurred in St.:....Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... f day .....hrs. OR ..... mln. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ mos. .... Where was disease contracted. 14 THE ABOVE It not at place of death? Former or usual residence DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR nuncua

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," engineer, (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," genital," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marastheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Cauture of the American Medical Association. injury, as fracture of skull, aud consequences (e. g. by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), " "Coma," "Convulsions," "Debility" ("Con-(Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustiou," Never report



N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

County Mashinghi 22053	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 303
Village or City bleas fine (No. , )	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of stroot and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal While Single, Married Whole OR DIVORCED OR DIVORCED	16 DATE OF DEATH 52 2, 1916 (Month) (Day) (Year)
© DATE OF BIRTH  Dec 2/ , 1874  (Month) (Day) , 1874	that I last saw h alive on
TAGE    If LESS than 1 day, hrs.   Amos.   2 ds.   OR min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Secondary  (Burellon)  (Burellon)  (Burellon)  (Streed)  (Streed)  (Streed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISKASE CAURING DRATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICINAL OF HOMICIOAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place in the of deeth yre
(Address) Clears pind  15 Filed Dze 13 = 1915 Martin Boward  PEGISTRAR	19 PLACE OF BURIAL OF REMOVAL ALL DATE OF BURIAL  Moure Transpard por DEC 18th, 1815.  20 UNDERTAKER  Trans-Brown lo and locar Shing
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager." "Pealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) rocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook precise specification as Dey loborer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. taken to report specifically the occupations of persons applies to each and every person, irrespective of age. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Broachopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinonia, Sarcoma, etc., of . . . . . SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Huemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerpenal septichaemia," The centributory (secondary or intercur-Poisoned by carbolic acid-probably "Atrophy," "Col-ACCIDENTAL, important. ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 3 1916 BUREAU, V.S.

W. S. No. 1.

-Every item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N

Village or City 270 ho 2 Milliage or City 270 ho 2 Milliage or City 12 70 ho 2 Milliag	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3 3  [If death occurred in a hospital or institution, give its NAME lesteed of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, Sueple MIRRIED, Sueple Wiseweb, OPRIVORCED (WISEWORLD) (WITO THE WORLD)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month)  (Month)  (Day)  (Year)  (AGE	that I last saw her alive on 12/1 1915, and that death occurred on the date stated above, at 2 m,
yrs mos. // ds. or min. ?  Soccupation (a) Trade, profession, or parficular kind of work (b) Deneral nature of industry, business, or establishment is which employed (or employer)	The GAUSE OF DEATH* was as follows:  Prematic Bi II (7 months)  (Ouration) yrs. mos. ds.
(State or country) and Mark &	Contributory (Secondary)  (Duration)  (Signed)  (Signed)  (Signed)  (M. D.
11 BIRTHPLACE OF FATHER (State or country)  M. C.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
12 MAIDEN NAME Sarah 6: Shafen  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrs,mos,ds. Where was disease contracted.
(Informant) Clarence & Erestias f  (Address) Villeaus ports  Filed See 1 7th 1911 Lawy Hoto Chile	If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  LEC. 54, 1915.  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the distast Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursults can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Purrerral peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debiilty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 cs.; affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in deant; it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.

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SICIANS should occupation is RECORD PERMANENT INK See Instructions 2 of Inform DEATH Item E OF Important. Every It

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state

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULAR'S MEDICAL CERTIFICATE OF DEATH PSEX 5 SINGLE, 4 CQLOR OR RACE 16 DATE OF DEATH WIDOWE (Month) (Write the word) (Day I HEREBY CERTIFY, That I sttended deceased from DATE OF BIRTH (Month) \(Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, s f day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9.BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Account 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place in the of death ...... yrs. ..... mos. ..... ds. State ...... yrs, ..... mos. .... 14 THE ABOVE IS Where was disease contracted. MY KNOWLEDGE If not at place of death?... Former or (Informania) usual residence. OF BURIAL OR REMOVAL (Address) ... DATE OF BURIAL 15 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. A.

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of ago tion is very important, so that the relative healthfulbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcastcs (disease causing death), 29 ds.; aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No.

Village or City  (No. 4 2  St; Ward)  a hospital or give its MA of street and	72
PERSONAL AND STATISTICAL PARTICULARS  The particular of Death of D	er institution, AME instead
3 SEX Nucle   4 COLOR OR RACE   5 SINGLE,   HORACE   WARRIED,   HORACE   WIDOWEO, ORDIVERCED (Write the word)   17   1 HEREBY CERTIFY, That i attended dece   Rendered   18 Abruica   18 Ab	
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TAGE Zuarths old Fortus. If LESS than i day,	(Year)
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S OCCUPATION  (a) Frade, profession, or  particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Wagness from he d  (Secondary)  (Duration)  yrsmos  (Secondary)	
11 BIRTHPLACE Sanul & Fleagle for (Signed) State of Ducilles  OF FATHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 NAME OF Sanul & Fleagle for (Signed) State of State of State of State of Disease Causing Deathfor, in deaths from Causes, state (1) Means of Injury; and (2) whether Tal, Suicidal, or Homicidal.	VIOLENT
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14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (intermant)  Where was disease contracted, if not at place of death?  Former or usual residence.	
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STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, It is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursults can be known. The question tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa If retired from business, that fact may be indl-Women at home, who are engaged in the Farmer or Planter,

losis of lungs, meninges, peritonacum, etc... pneumonia"); Lobar pneumonia; Bronchopneumonia ("I'neumonia," unqualified, is indefinite); Tubercu-"(Croup"); Typhoid fever (never report "Typhold prospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE (avold use

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. fif death occurred in St :----Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. married WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day ..... hre. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or esteblishment in which employed (or employer) ..... 9 BIRTHPLACE (Secondary) (State or country) (Duration) vrs 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ...... yrs, ...... mos. ..... ds. Where was disease contracted. if not at place of death? usual residence. BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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	FULL NAME COLUMN 1970	un Fisist
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERT
3 51	4 COLOR OR RACE SINGLE, MARRIED, Willows WHOOMED, ORDIVORCED (Write the word)	16 DATE OF DEATH
8 D	ate of Birth Sept 11 1844	Dee. 27 191 u.
-	(Month) (Day (Year)	that I last saw h
TA	1 day,hrs.	and that death occurred on the
	yrs mos ds. or min.?	Y11/1/1/11/11
(a) pa (b) bus	OCCUPATION ) Trade, profession, or rilcular kind of work.  General nature of Industry, liness, or establishment in ch employed (or employer)	This woman usual health.
(a) pa (b) bus whi	GCUPATION (Trade, profession, or riticular kind of work.  General nature of Industry, liness, or establishment in ch employed (or employer)  IRTHPLACE (State or country)  Permutation	This woman usual health.
(a) pa (b) bus while 9 B i	GCUPATION ) Trade, profession, or Touse Stoff General nature of Industry, liness, or establishment in ch employed (or employer)  IRTHPLACE (State or country)  10. NAME OF FATHER  13. NAME OF FATHER  13. NAME OF FATHER	Contributory he was Secondary reached bound
(a) pa (b) bus while 9 B	CCUPATION (Trade, profession, or ricular kind of work.  General nature of Industry, iness, or establishment in ich employed (or employer)  RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  MANAGE OF FATHER (State or country)  MANAGE OF FATHER (State or country)	Contributory he was Secondary reached bound  (Signed)
(a) pa (b) bus while 9 B	CCUPATION ) Trade, profession, or riticular kind of work.  General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	Contributory The was Secondary reached bound (Signed) (Signed) (Address)

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

#### STATE OF MARYLAND OF DEATH

[If death occurred in rd)

OF DEATH

a hospital or institution, give Its NAME Instead of street and number. ]

st I attended deceased from art of caughing a & when y or, in deaths from VIOLENT and (2) whether ACCIDEN-ALS, INSTITUTIONS, TRANSIENTS. ite ...... yrs, \_\_\_\_ ds DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laboreradditional line is provided for the latter statement; the nature of the business or industry, and therefore an eated thus: Farmer (retired 6 yrs.) For persons eausing neath, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salcsman, (b) "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," ample: Measles (disease eausing death), 29 ds.; nant neoplasms); Measics; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... "Contributory." Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of ete. (name origin; "Can-State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

PLACE OF DEATH	STATE OF MARYLAND
County Marking In	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City La gestone (No. 22/, a	St.; Ward)  [If death occurred in a hospitat or institution, give its NAME instead
2 FULL NAME Unin amed Whild	Wrah & Zish of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White (Write the word)	16 DATE OF DEATH 2 2 2 , 1914 (Month) (Day) (Year)
6. DATE OF BIRTH  12 22 , 19/5 (Month) (Day) (Year)	that I last saw h
7 AGE   If LESS than 1 day,hrs.   ORmin.?	and that death occurred on the date stated above, at 2 2 m.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work	Trunatur hulk
(b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs, mos, ds,
9 BIRTHPLACE (State or country) MM	Contributory Secondary  (Durallon) yrs mes ds.
10 NAME OF FATHER Mach De Lish	(Signer) M. O. M. O. (Address) Stages Stown Md
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME O	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
of Mother Priace Steller	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  Md	At place In the of deathyrsmosds. State,yrsmosds.
(Informant) Asah & Sish	if not at place of death?  Former or  usual residence
(Address) Dagerston MA	19 PLACE OF BURIAL OR REMOVAL  Lighfield Ald  12/23 1910
Filed 12/22, 1915 Molling Davis REGISTRAR	16 W Services St. Relia Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton or given up on account of the disease causing death, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housemobile factory. first line will be sufficient, e. g., Farmer or Planter, Physi-Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful--Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomative engineer, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by earbolic acid-probably SUICIDAL, or HOMICIDAL, or as prabably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H::emorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonacum, etc., Carcinoma, Sarcomo, etc., of ........ (name origin; "Cancer" is less definite; avoid use of chapneumania (secondary), 10 ds. " "Old Age," "Shock," "Uracmia," "Weakness, by railway train-accident; Revolver "Senile," The contributory (secondary or intercuras "Puerperal septichaemia," ete. State cause for which Never report mere wound



ACTLY, PHYSICIANS d. Exact statement of	village or City Hagestown (No./// Hig	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
KAC lied.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
uld be stated EXAC properly classified.	Male Thate Single, Married, Wioweco OR DIVORCED OR DIV	16 DATE OF OEATH  (Month)  (Day)  (Year)  17  (HEREBY CERTIFY, That I attended deceased from 22, 191, to 27, 191,
AGE should t it may be pr back of certi	7 AGE (Month) (Day) (Year) 1 If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 20 m. The CAUSE OF DEATH * was as follows:
arefully supplied in terms, so that instructions on	(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)	David Guration yrs. mos. ds.  Contributory Coursion 2. yrs. mos. Hos.
tion should be ca F DEATH in plai important. See	10 NAME OF FATHER AMULS A GOOD TO STAND THE OF FACTOR (State or country)  12 MAIOEN NAME OF MOTHER OF MOTHER AMULS A GOOD TO STAND THE OF MOTHER AMULS A GOOD THE OF MOTHER AMULT AND THE	(Signed) , M. 0.  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUIGIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
should state CAUSE OF	13 BIRTHPLACE OF MOTHER OF MOTHER (State on country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)  15	OR RECENT RESIDENTS) At place of daath yrs. mos. ds. Stete, yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNOERTAKER ADORESS
œ	Filed REGISTRAR	Kraiss Bros Ragestuon
Z	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Former or Plunter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question only when needed. As examples: (a) Spinner, (b) Catton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, For many occupations a single word or term on the wife, Housework, or Al Home, and children, not gainfully -Coal nine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autoknow (a) the kind of work and also (b) the nature of the engaged in domestic service for wages, as Servant, Cuek employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housestate occupation at beginning of illness. or given up on account of the disease causing death, taken to report specifically the occupations of persons business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

lapse." symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Col-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; (Irronic valvular heart disease; Chronic interstitial "Turnor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... genital," "Senile," etc.), birth or miscarriage as "Publiperal septichaemia," Publiperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Heemorrhage," "Inanition," "Maraschopneumonia SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL on Nomenclature of the American Medical Association.) Always qualify all diseases resulting from child-"ia" (merely symptomatic), "Atrophy," "Col-"Coma," "Convulsions," "Debility" ("Con-The nature of the injury, as fracture of skull, (secondary), 10 ds. The contributory (secondary or intercur-"Dropsy," carbolic acid-probably State cause for which Never report mere (Recommendations "Exhaustion," wound of



1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager." "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fromun, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, etc. If the occupation has been changed The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified,

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely: Examples: Aecidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent pearns "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inamition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. cough; Chronic valendar heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of..... Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"PUERPERAL septieliaemia," "Dropsy," "Exhaustion,"



SICIANS should occupation is PHYSICIANS RECORD statement PERMANENT EXACTLY. classified. should THIS properly INK supplied. pe UNFADING may 20 WITH terms. plain = DEATH WRITE ō OF CAUSE

certificate.

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back

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See instructions

mportant.

m

state

#### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No 308 Ilt death occurred la Ward) a hospital or institution. give Its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED. (Day ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above 1 day, .....hrs. OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in L yrs c mas (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory ..... Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. (State or country State ..... yrs, ..... mes. Where was disease contracted. 14 THE ABOVE TS TRUE If not at place of death? Former or usual residence.

20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., requesting V. S. No. 1.

PLACE OF BURIAL OR REMOVAL

(Year)

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tlon is very important, so that the relative healthfulbeen changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritongeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertalned as the "Collapse," "Coma," "Convulsions," "Debility" ("Condent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustlon," may be stated under the head (Recommendations on statement of Never report



BINDING FOR RESERVED MARGIN PERMANENT

4 IS

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK-THIS PLAINLY, WITH WRITE S. No. 1. N. B. ₽.

PLACE OF DEATH	STATE OF MARYLAND
Washington 22002 1	CERTIFICATE OF DEATH
County 212221001990000	Registration Dist. No. 3/4
Village or City Big Pool (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME lestead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCEO ORDIVORCEO (Write the word) Fidowca	16 DATE OF DEATH    2
Month) (Day (Year)	that I last saw him alive on December 1 t , 1915
TAGE  57 yrs 3 mos 1 ds or min.?  **OCCUPATION** (a) Trade, profession, or particular kind of work.  **Daborer**	and that death occurred on the date stated above, at 2 Cm, The CAUSE OF DEATH* was as follows:  Persicarditis, chronic.
(b) General nature of industry, business, or establishment in which employed (or employer)  Pairoad  BIRTHPLACE (State or country)  Danyland	Contributory Anasas ca. Secondary
10 NAME OF FATHER Warry Hart  11 BIRTHPLACE OF FATHER (State or country)  Maryland	(Signed) — (Buration) — yrs — mos — ds.  (Signed) — (Signed) — (Signed) — (Signed) — (Address) — (Addr
13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds.  Where was disease contracted,
(Informant) Samuel To. Hand	If not at piace of dealh?
(Address) & learspring  16 Filed Jec. 3 1915 Ang Mull	19 perce of Burial or Removal Date of Burial  Alange Gran  30 undertaker A Address

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers minc, etc. statement. who have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engine, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of ocenpa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) "Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head injnry, as fracture of skull, and consequences (e. g., inus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medleal Association.) eause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaeete., when a definite disease ean be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canwhich snrgical operation was undertaken. mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The eontributory (seeondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State eause for For VIO-



PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County 22063	Registration Dist. No. 36
Village or City Lagaslan (No. , 2 FULL NAME Lufaul	St.; Ward)  [if death of a hospital or give its NAM of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Arkan White OR DIVORCED	16 DATE OF DEATH  (Month) (Day)
6 DATE OF BIRTH  Dec 1 1913	17 I HEREBY CERTIFY, That I attended decease , 191, to
7 AGE (Month) (Day) (Year) 1 (LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trado, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) A and And	Contributory Secondary
10 NAME OF FATHER Clarence Herry  11 BIRTHPLACE OF FATHER (State or country) Otaquina  12 MAIDEN NAME OF MOTHER Pearl Have	(Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from V. CAUSES, state (1) MEANS OF INJURY; and (2) whether Accurately and the Country of the Count
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	At place In the of death yrs. mos. ds. Stata, yrs. m  Where was disease contracted, it not at place of death?  Former or usual residence
15 Filed 144-, 1915 Hours Paurs	19 PLACE OF BURIAL OR REMOVAL DATE OF BUR  20 UNDERTAKER  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, "Foreman," "Manager," "Dealer," etc., without more mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locomotive engineer, If retired from The question (b) Auto-('inl

Statement of Chuse of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICINAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or misearriage as "Puerperal septichaemia," head-homicide; Poisoned by to determine definitely. Examples: Accidental drowning. surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronie valvular heart disease; Chronic interstitial "Heart failure," "H. emorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uracmia," "Weakness," by railway train-accident; Revolver wound The contributory (secondary or intercur-"Dropsy," carbolic acid-probably State cause for which Never "Exhaustion," report mere



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#### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. Ilf death occurred in a hospital or institution. give its NAME Inslead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Dav I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) TAGE If LESS than 1 day hrs. OR ..... 7 ...mos..... OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, STACIDAL, Or HOMICIDAL. 12 MAIDEN NAMEY OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of dealh \_\_\_\_\_ yrs. \_\_\_ mos. .. (State or country) ds. State \_\_\_\_\_ yrs.\_\_ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?-Former or (Informant)usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Mcasics (disease causing (secondary or intercurrent) "Dropsy," "Exhaustion," death), 29 ds.; Never report



1 PLACE OF DEATH STATE OF MARYLAND 10 S PHYSICIAN t statement CERTIFICATE OF DEATH Registration Dist. No. I If death occurred in St.: .....Ward) a hespital or institution, Exact give its NAME instead 2 FULL NAME Henry Clay Halmer of street and number. RECORD EXACT classified. MEDICAL CERTIFICATE OF DEATH PERSONAL 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX stated MARRIED. 1913 PERMANENT OR DIVORCED Underwell (Write the word) properly certificate. I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH . 191..... should 0 If LESS thea 30 7 AGE may Lal 1 day, hrs. back (3 OR MIN. ? A that 00 OCCUPATION supplied (a) Trade, profession, or Instructions So (b) General nature of industry terms, business, er establishment in UNFADING refully which employed (or employer) 9 BIRTHPLACE (State or country) -See i CAL 10 NAME OF eq FATHER C pino Important. (1) 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT d PAREN CAUBER, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal. (State or country) 00 L2 00 12 MAIDEN NAME PLAINL 0 OF MOTHER ÐL. 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 Very of informs 13 BIRTHPLACE At mince State or country State. .....yra. of death 10 Where was disease contracted, Z 14 THE ABOVE If not at place of death?. Every item of should state COCCUPATION Fermer or usual residence DATE OF BURIAL 15 m Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer the duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits ean bc known. The question applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, occupations a single word or term on the The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" genital," "Senile," etc.), "Dropsy," "Exhaustion," chopneumonia (secondary), 10 ds. Never report mer symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... MEANS OF INJURY and qualify as ACCIDENTAL, or miscarriage as "Puenperal septichaemia," by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull, The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere "Atrophy," "Col-("Con-



V. S. No. 1.

2067

#### STATE OF MARYLAND ERTIFICATE OF DEATH

Registration Dist. No. 3

Village or City Klay esslowe (No Wash to Hospitals: 3 Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and number.]

me(

\*FULL NAME Francis B House

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Formale Polored Single, MARRIED. Tharried ORDIVORCED ORDIVORCED (Write the word)	(Month) (Day (lear)
DATE OF BIRTH	1 HEREBY CERTIFY, That I attended deceased from
7. A 2 , 1876. (Month) (Day (Year)	that I last saw h = allve on 25 26 1915.
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at florious m.
3.9 yrs 10 mos 25 ds. 1 day, hrs. or min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Plane North	aust tube
(b) General nature of Industry, business, or establishment in which amployed (or amployer)	(Duration) & Little Age ds.
9 BIRTHPLACE (State or country)	Contributory Culto Tuthory cation Secondary
10 NAME OF Sharles Blakemoos	(Signed) Sarry S Sy Gard , M. O.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Wioleste Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Mary & Jackson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPERS
13 BIRTHPLACE OF MOTHER (State or country)  Order	Af place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) George A House	Former or usual residence
(Address) Kagerstonn md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 12/28, 1915 Heury Davis	20 UNDERTAKER ADDRESS
#	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulness of various pursuits can be known. The question the nature of the business or industry, and therefore an should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers additional live is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each aud every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (discase causing etc. The contributory (secondary or intercurrent) oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; For vio-



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 303 Ilt death occurred in -Ward) a hospital or institution, give its NAME instead ot street and nombar. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIEO. WIOOWED, Marre (Day (Year) (Month) OROIVORCED DATE OF BIRTH (Day (Year) 7 AGE If LESS than 1 day hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. b) General nature of industry, business, or establishment in (Duration) which amployed (or amployer) -----BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) \_\_\_\_\_ yrs. \_\_\_ mos. State \_\_\_\_\_ yrs. \_ Where was disaase contracted. If not at place of death? Former or osual residenca DATE OF BURIAL ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritongeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ctc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting-from Measles (disease causing (Recommendations on statement of death), 29 ds.; For vio-



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Malington 22069	CERTIFICATE OF DEATH Registration Dist. No. 3/4
VIIIage or City Inland (No.	, St.; Ward) [If death occurred in a hespital or institution.
FULL NAME UN Ryow	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVDRCED (Write the word)	16 DATE OF DEATH  OND (Month)  (Day)  (Year)
6 DATE OF BIRTH . D90, 19	17 I HEREBY CERTIFY, That I attended deceased from ,191 , te ,191 ,191 ,191 ,191 ,191 ,191 ,191 ,19
7 AGE If LE 1 day,	and that death occurred on the date stated above, at Ammonia, P. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	January.
(b) General astore of ledustry business, or establishment in which employed (or employer)	(Duration), yrs. pros. da
9 BIRTHPLACE (State or country) Maryland,	Secondary  Secondary  Aburstlony  Track  Tra
10 NAME DF FATHER JANUTSNES Will	(Signod) Hany C. Hotson, M. C.
DF FATHER (State or country) MANNAMON.	*State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
C 12 MAIDEN NAME SINGE MUMBER	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  Manual  (State or country)	At place of deathyrsmesds.
(Informant) I James of My KNOWLEDGE	If not at place of death?
(Address) Big Spring	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled 20 Sec, 1915 - 1823 Harle	20 UNDERTAKER ADDRESS
If more blanks are needed address State Do	

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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material werked on may form part is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery: (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

chopneumonia (secondary), 10 ds. Never report mere on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... under the head of "Contributory." (Recommendations Struck by railway train-accident; Revolver wound Anacmia" (merely symptomatic), "Atrophy," apse," "Coma," "Convulsions," "Debility" or miscarriage as "Puenperal seplichaemia," The contributory (secondary or intercur-Poisoned by carbolic "Atrophy," "Colacid—probably important.



should OCCUPATION PHYSICIANS RECORD statement PERMANENT EXACTLY. BINDING classified. properly supplied. pe may 80 0 Instructions plai 5 EATH WRITE See 0 OF mportant. Every It

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in hospital or institution. give its NAME instead of street and number. 1 **\*FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, Ma WIDOWED. ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 858 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. .... ds. State ...... yrs. \_\_\_\_ mos. Where was disease contracted. It not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 M. Franklin, St., Balto., Requesting V. S. No. M.

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[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necdutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or Intercurrent) Measles (discase causing "Senile," ctc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

10	PLACE OF DEATH . 22071 .	STATE OF MARYLAND
nt.	County Washington	CERTIFICATE OF DEATH
ateme	mill.	Registration Dist. No. 30
t st	Village of the fill among (No.	St.; Ward) [If death occurred in a hospital or institution,
Exact	2 FULL NAME Sharles Jacob J	essul
Fied	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ly class e.	Male 4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH ALC S 1915 (Month) (Day) (Year)
Cat	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
be properly certificate.	(Month) (Day) (Year)	that I last saw h Use alive on Dec. /7"
	7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 7, 32 m.
EX	6 6 yrs 7 mos 7 ds. OR min.?	The CAUSE OF DEATH * was as follows:
on	B OCCUPATION (a) Trade, profession, or	Maril Frauffeeiner
Soons	particular kind of work W W X W V V V V V V V V V V V V V V V V	
terms, so struction:	business, or establishment in which employed (or employer)	(Ouration) yrs. 6 mos. ds.
2.2	9 BIRTHPLACE (State or country) Mawland	Contributory Cycleustro
in plai	10 NAME OF COMMAND DESEMAN	(Signed) MARCELECTION, M. O.
ATH	11 BIRTHPLACE	Del 2/ 1915 (Address Milleaur Joseph And
n po	C II BIRTHPLACE OF FATHER (State or country)  Many  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	C 12 MAIDEN NAME OF MOTHER Susan Wolfe	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
USE O	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of deeth yrs. mos. ds. Stata, yrs. mos. ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
ATIC	(Informant) Mrs. le harles Jessufy	Former or would residence
should state CA OCCUPATION	(Address) Williams Int Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
she	Flied Dec. 21, 1915 lo. C. Rickard  REGISTRAR	20 UNDERTAKER DADDRESS ALBERT LOS - Williamshort Md.
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

E yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired write None. state occupation at beginning of illness. or given up on account of the cheens causing death, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Plonter, Physician, Compositor, Architect, Locomolive engineer, Civil is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in At home. Care should be If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (c. g., sepsis, leturus) may be stated under the head of "Contributory." (Recommendations SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deates mus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) head-homicide; Struck by railwoy train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puenperal septicharmia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... "Anaemia" nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by carbolic ocid-probably "Dropsy," "Exhaustion," Never report mere

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JAN 6-1916 BUREAU, V.S.

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1 PLACE OF DEATH

County Was	limoton	22072	3	(MI)	CERTIFICA	TE OF	DEATH.
County			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Registra	tion Dist. I	10.302
Village or City	Hongertu	Sww (No.3/	571.1	Mullerry	/ St.; 4 Wa	rd)	[If death occurred in a hospital or institution,
<sup>2</sup> FULL	NAME MA	ry Kacs	irl,	Source	2	**********	give its NAME Instead of street and number.]
PERSON	AL AND STATIST	ICAL PARTICULA	RS.	M E	DICAL CERTIFI	CATE OF	DEATH
3 SEX 4	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED	idow	16 DATE OF DEA	- Nee	(Month)	(Day) , 1913 (Year)
DATE OF BIRTH	num!	(Write the word)		17 / HERE	11 -	No	ded deceased from
	July	26	185	July	6 , 1915 , to	Me	, 1910
7 AGE	(Mory		(Year) If LESS than	that I last saw		date state	dabove, at 6 30
	8 vrs 5		day, hrs.		DEATH * was a		
S OCCUPATION	7/		2	Chron	10 (01)	la ca	l- Fa
(a) Trade, profession particular kind of w	ork / COU	DEWITT			· · · · · · · · · · · · · · · · · · ·	L. Cal	Charles y
(b) General nature of business, or establis which employed (or o	shment in	H 11		***************************************	(1	Ourstion)	yrs mos. d
9 BIRTHPLACE (State or country	Mar	ulani	do	Secondary	0	<u> </u>	***************************************
10 NAME OF FATHER	You P	luit.	1	(Signed)	A	Jeston)	ler, M.
O 11 BIRTHPLA	CE 74/	Junis		deel 8"	181 (Address)	Hay	soro toan?
Z OF FATHE (State or 12 MAIDEN P	Country)	ryland	a	"State the CAUSES, state SUICIDAL OF HO	DIMEASE CAUSING D (1) MEANS OF INJURANCEDAL.	EATH, OF, 17	deaths from VIOLENT whether Accidental,
OF MOTI	unu In	and Rys	Muy	18 LENGTH OF RE		SPITALS, INST	TITUTIONS, TRANSIENT
OF MOTH (State or	ER //	arclan	del	At placs of deathyrs	ds.	In the State,	yrs mos d
14 THE ABOVE IS	TRUE TO THE BES	TOF NY KNOWLEDG	E	Where was disease con if not at place of dea	troeted, th ?	•••••	***************************************
(Informant)	arry	fourd		Former or usual residence			
(Address)	Kahing	Tours	md.	19 PLACE OF BUT	TAL OR REMOVAL	- PO DA	TE OF BURIAL
18 12/2	8 - 3	Quan A	TUTA	20 UNDERTAKER	Ul Orus	STY	7.219, 191.5
Filed	, 1910	RE	GISTHAR	Bull	iter W.	no to	agentlow
1	If more blanks	re needed, address Stat	e Registrar, 1	6 W. Saratoga St., I	alto., Requesting V.	S. No. 1.	//

[Approved by U. S. Census and American Public Health Association.]

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on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drawning; ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic ocid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," symptoms or terminal conditions, such as "Asthenia," ehopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by roilway train-accident; Revolver wound The contributory (secondary or intercur-State cause for which



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CSICIANS should OCCUPATION IS PHYSICIANS RECORD statemen PERMANENT EXACTLY. classified properly Z supplied. be O may ADIN certificate. carefully that it 80 0 pe back terms, pinou 6 plain Instructions 2 of Inform DEATH Every Item CAUSE OF Important. S m

Address)

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at & t day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs, .... mos. Where was disease contracted. If not at place of death? Former or

usual residence

BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ili-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (b)

losis of lungs, meninges, peritonaeum, etc... pneumonia"); Lobar pncumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using aiways the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the disease Typhoid fever (never unqualified, is indefinite); Tubercureport "Typhoid

> mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperar septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or ample: Measles (disease causing affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of terminal conditions, such as "As-(name origin; "Candeath), 29 ds.; State cause for Never report Examples: For vio-

tions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all quee

the certificate is permanently filed.



V. S. No. 1.

Ounty Mashing fon 22074"	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIDER OF CITY Wash 6 / Home No. No. Na. 22	Registration Dist. No. [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mite (Mitte the word)	16 DATE OF DEATH OF SE 22 , 1915  (Month) (Day (Year)
6 DATE OF BIRTH  AN. 7 1994	that I last saw haring allye on the 22 1915.
7 AGE (Month) (Day (Year)  1 LESS than t day,hrs. ORmin.?	and that desth occurred on the date stated shove, at
(a) Trade, profession, or particular kind of work.  R.R. Engine co	Chr Blefy
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 3 ds.
State or country Augmia	Secondary  (Ourstion)  yrs mos ds.
FATHER Samuel Gargen Volan	(Signed) 4. 1. Softmer, M. D. Dec 23, 1915 (Address) Hagerslown Md.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  2 A 2 A 3 A 4	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country)  13 Conna Lale	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Callerin & Largent	Where was disease contracted, if not at place of death?  Former or usual residence.
Mc Sourell are Hagus town ha	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ALE Son Cash & Som. Lee 25 1916
Filed 1423- 1915 Henry Ravis	S. K. Souman Hasustones Ind

Lagustown Ind If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indlvery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menlngitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds., SUICIDAL, or HOMICIDAL, or as probably (secondary or intercurrent) Never report



BINDING

Cour	PLACE OF DEATH 22075	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	ge or City Lageratown (No. Bell	Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR ON OR CHUNCH (Write the word)	16 OATE OF OEATH (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
**************************************	(Month) (Day) (Year)	that I last saw handlive on See 23 1915
7 AG	if LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at // 20 Pm The CAUSE OF DEATH ** was as follows:  Buken compensation of hear.
Opan (b bu: wh	) Trade, profession, or ricular kind of work ) Geoeral nature of industry siness, or establishment in ich employed (or employer)  RTHPLACE (State or country)	Contributory Chimie endicallitis Secondary
	10 NAME OF Sout Know	(Signed) ————————————————————————————————————
ENTS	11 BIRTHPLACE OF FATHER (State or country)	State the DISPASE CAUSING DEATH OF, in deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIDAL OF HOMICIOAL.  18 LENGTH OF RESIOENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State-or country)	OR RECENT RESIDENTS) At place In the of deathyrsmosds. State,yrsmosds
	(Informant) Chas Sully KNOWLEDGE	Where was disease contracted, If not at place of death?
15	(Address) Lageration Md	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL 12/2/26, 1915
	1915 HELLY ROUTE	20 UNOERTAKER ADORESS Hag Man
	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the duties of the household only (not paid Housekerpers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day luborer, Farm luborer, Laborer write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housemobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) head-homicide; Poisoned by Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "Purperal perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heanorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Never report mere cough; Chronic valeular heart disease; Chronic interstitial birth or miscarriage as "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Wheoping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... The contributory (secondary or intercur-"Puerperal septichaemia," carbolic acid-probably "Atrophy," ("Con-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in ...Ward) a hospital or institution. give its NAME instead of street and number. <sup>2</sup> FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 16 DATE OF DEATH 3 SEX MARRIED, 2 WIDOWED OR DIVORCED (Write the word) (Month) CERTIFY, That I attended deceased from (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. was as follows: YES..... mos. OCCUPATION
(a) Trade, profession, or particular kind of wark (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE RENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE in the At place OF MOTHER (State or country af death ......yrs. ......ds. .....ds. Stals. .....yrs. Where was disease contracted. If not at place of death?.. Former or uspal residence DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer mill; (a) Salesman, (b) Crocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many cases, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

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symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, ttanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic); "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondury), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Meosles; Whooping suicide. The nature of the injury, as fracture of skull to determine definitely. Examples: Accidental drowning; birth or misearriage as "PUERPERAL septichuemia," Chronic valvulur heart disease; Chronic interstitial Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," Recommendations "Exhaustion," report mere to puno.n

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU, V.S.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Lit death occurred la a hospital or institution, give its NAME instead ot street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH A3 SEX 4 COLOR OR RACE 6 SINGLE, 18 DATE OF DEATH MARRIED, 1912 WIOOWED, W (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h..... alive on ..... (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, a 1 day hrs. OR ..... min. ? OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF-FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUM; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace in the OF MOTHER (State or country of death ...... yrs. ..... mos. .... ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ Where was disease contracted. THE ABOVE IS TO THE BEST OF MY KNOWLEDGE It not at place of death?.... Former or (Informant) usuai residence. LACE OF BURIAL OR REMOVAL (Address) DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the nisease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of For vio-



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. 3/2 ilf death occurred in Ward) a hospital or Institution. give its NAME instead Vlung. of street and number. ) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) OROIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 10.30 1 day ..... hrs. OR ..... min. ? OCCUPATION (a) Trade, profession, or particular kind of work. (b) Deneral nature of Industry. business, or establishment in which employed (or employer) ..... Contributory... 9 BIRTHPLACE (Secondary) (State or country). 10 NAME OF FATHER ENTS 11 BIRTHPLACE (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1), Means of Injury; and (2) whether Acciden-AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State ..... yrs. \_ of death ..... yrs. ..... mos. ..... ds. Where was disease contracted. 14THE ABOVE IS TRU If not at place of death? Former or

Former or usual residence

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1.9 PLACE OF BURIAL OR REMOVA

12/ 7 \_\_\_\_\_, 1915

ADDRESS

Clearstoning

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative heaithfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illwho receive a definite saiary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Scrrunt, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease Causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pucumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: mia," "PUEBPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ..... cause of death approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." which surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," .... (name origin; "Can-Never report



PHYSICIANS RECORD PERMANENT 4 UNFADING INK of Inform DEATH WRITE Every Item CAUSE OF Important.

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Instructions

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3/2 Lif death occurred in St: .....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED. (Month) (Day) ORDIVORCED (Write the word) EBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE It LESS than and that death occurred on the date stated above, at f day ..... hrs. The CAUSE OF DEATH\* was as follows: CALLERY BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from Viole CAUSES, state (1) MEANS OF INJURY; and (2) whether Accross AR TAL. SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPDACE OF MOSHER (State or Country) In the At place of death ... ... yrs. ..... mos. ..... ds. State ..... yrs. Where was disease contracted. if not at place of death? Former or usual residence 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scruunt, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, For persons (6)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify ail diseases resulting from etc., when a definite disease can be ascertained as the ampie: Meastes (disease causing death), 29 ds.; cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Oid Age," "Shock," "Uraemia," "Weakness," nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seniie," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "A1-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of ... "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Never report Examples:



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Cour	Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	go or City Hagerstown (No. 120, A	Corror Ass 4 Ward)  Registration Dist. No. 1 [If death occurred in a hospital or institution,
	2 FULL NAME Hargarite a. &	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	** A COLOR OR RACE S SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Security 12, 1915  (Month) (Day) (Year)  17
₱ DA	(Month) (Day) , 1 833	that I last saw her alive on Dec 12, 1915,
7 AG	If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 230 m. The CAUSE OF DEATH * was as follows:
/ pa	CCUPATION  1) Trade, profession, or ricular kind of work	augua Pectorio
bu: wh	General nature of industry siness, or establishment in inch employed (or employer)	Contributory Arlury Solvroses Secondary
RENTS	11 BIRTHPLACE OF FATHER (State or country)  10 NAME OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accidental,
PAR	12 MAIDEN NAME OF MOTHER  (1)  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 TI	(Informant)	Where was disease contracted, If not at place of death?
15 File		Place of Burial or REMOVAL DATE OF BURIAL  Place VIII  20 UNDERTAKER  ADDRESS
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

write None. & yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or wije, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery; (a) Foreman, (b) Automobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the engineer, Stationary freman, etc. But in many cases, applies to each and every person, irrespective of age. Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be Locomolive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) under the head of "Contributory." SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracinia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Curcinoma, Sarcoma, ctc., of . . . "Anaemia" "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarrage as "Coma," oma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"PUERPERAL septichaemia, carbolic acid-probably State cause for which Never report merc (Recommendations



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

BINDING

FOR

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MARGIN

V. S. No. 1.

'n.

Village or City Frankston (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 9 9  St.; Ward)  [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINSTE, MARRIED, WIDDWED GR. DIVORCED (Where the word) 6 DATE OF BIRTH	18 DATE OF DEATH    2   1915     (Month) (Day) (Year)     17   HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year)  7 AGE   15   16   16   17   18   18   18   18   18   18   18	that I last saw h has alive on DS-24, 1915, and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of iodustry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Durch Heline Coursed  Durch June  Durch June  Durch June  Durch June  Contributory Nos Dyang When  Secondary
10 NAME OF FATHER  OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 Maiden NAME OF MOTHER  OF MOTHER	(Signad) , 191 (Address) , M. 0,  State the Piterane Causing Drath, or, in deaths from Violent Causes, state (1) 'Years of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 Length of Residence (For Hospitals, Institutions, Transients,
13 BIRTHPLACE OF MOTHER (State or country) Arch no	OR RECENT RESIDENCE (FOR MOSPITALS, INSTITUTIONS, IMANSIENTS,  At placs In the of deathyrsmssde. Stete,yrsmssds,  Whers was diesase contracted,
(Address)  (Address)  (Address)  (Address)	If not of place of death?  Former or  USUAL residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
Filed 2.2 S., 1918 PREGISTRAR  If more blanks are needed, address State Registrar,	LA Welcher Funkation

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) (rocery; (c) Foreman, (b) Automobile factory. The material war od on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Peaker." etc., without more precise specification as Day laborer, Form laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At sehool or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSINO DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None!

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping eough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (seeondary), 10 ds. Never report merc symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," ete., when a definite disease can be ascertained as the eause. Always qualify all diseases resulting from childbirth or misearriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-aecident; Revolver wound of head-homicide; Poisoned by eorbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

22081 PHYSICIANS Exact statement of stated EXACTLY. PERMANENT RECORD 2 FULL NAME classified PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, 3 SEX 4 COLOR OR RACE WIDOWED BINDING OR DIVORCED (Write the word) refully supplied. AGE should be stain terms, so that it may be properly instructions on back of certificate. 6 DATE OF BIRTH (Day) (Month) If LESS than 7 AGE 1 day, hrs. FOR min. ? THIS Every item of information should be carefully supplied. should state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on OCCUPATION (a) Trade, profession, or RESERVED NX particular kind of work (b) General nature of Industry business, or establishment in UNFADING which employed (or employer 9 BIRTHPLACE (State or country) 10 NAME OF FATHER WITH Should MARGIN OF FATHER (State or country) PARENT PLAINLY. 12 MAIDEN NAMI OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country WRITE 14 THE ABOVE BEST OF MY KNOWLEDGE 15 Filed m REGISTRAR

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in a hospital or institution, give Its NAME Instead of street and number. ]

AIC.	
ND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED	16 DATE OF DEATH 232, 1915, (Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
Dec. 23 d, 1915. (Month) (Day), 1915.	that I last saw h alive on ,191 ,
(Month) (Day) (Year)	and that death occurred on the date stated above, at
\(\sum_{\sum_{\text{ord}}}\), \(\sum_{\text{ord}}\), \(\sum_{o	The CAUSE OF DEATH * was as follows:
	Still- Now Crused by
stry i In er i	tarrow Pelmis, (Ourelien) yrs. mos. ds.
Mac	Contributory
3 (0.	(Signed) JA STORY Mos ds.
Jes, Magnere,	(Signed)
ry) Maille,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (i) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
Hatherise Supplese	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
T. J.	At place In the of death
TO THE BEST OF MY KNOWLEDGE	Where was disease contracted:
magnire ,	Fermer or usual residence
Saucoci 6 md	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Idal ~:	Caucoci () May 1911
1915 Al Jan Jus	20 UNDERTAKER ADDRESS
REGISTRAR	16 W Santone St. Rolto Bornartine V. S. No. 1
If more blanks are needed, address State Registrar,	10 W Daratoga St., Datto., Requesting v. S. 140. 1.

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Association.

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) ' rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "Puerperal peritonities," etc. State cause for which birth or miscarriage as "PUERPERAL cause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of "Dropsy," Never "Exhaustion," septichaemia," report mere



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	1 PLACE OF DEATH	STATE OF MARYLAND
County	Washington 22082	CERTIFICATE OF DEATH
County	A CA	Registration Dist. No. 310
Village	or City Keep Tryste (No. 1)	St.; Ward) [If death occurred in a hospital or institution,
	of after marg	arel Markey give its NAME instead of street and number.]
	2 FULL NAME Dail out and the	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	wale white 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Superit	16 DATE OF DEATH  (Month)  (Day)  (Year)
10		17 I HEREBY CERTIFY, That I attended deceased from
DAT	E OF BIRTH	,191 , to ,191 ,191 ,191 ,191 ,191 ,191 ,191 ,19
	(Month) (Day) (Year)	that I last saw halive on, 191,
7 AGE	Infant just born I day, hrs.	and that death occurred on the date stated above, at
	yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
(2)	Trade, profession, or cular kind of work	
(b) busin	General nature of industry ess, or establishment in h employed (or employer)	(Ouration) yrs. mos. ds.
9 BIR	THPLACE State or country) Keep Tryale	Contributory Secondary  (Quralion) yre mes ds.
	10 NAME OF Frid. Marley	(Signed) B Pansan, M. O.
RENTS	11 BIRTHPLACE OF FATHER (State or country)  Mol	*State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
PAR	12 MAIDEN NAME Sadie Peacher	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)  Md	At place - in the of deathyremosds. State,yrsmosds.
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of death?
(1	nformant) Dr. B. B. P. Amson M. D.	Former or usuel residence
(	(Address) Harpurs Ferry W. Va.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed	Dec 7th, 1915-OM. C. James Registrar	20 UNDERTAKER ADDRESS TO DA
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers first line will be sufficient, e. g., Farmer or Planter, Physiwrite None. Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Earn laborer, Labores "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Autoespecially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mobile factory. only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever The material worked on may form part As examples: (a) Spinner, (b) Cotton At home. Care should be Never return "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Branchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetonus) may be stated on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by roilway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "Puenperal perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," ! Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic vulnular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . cause. chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Liopsy," Never report mere "Exhaustion,"

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PECEIVED
JAN 3 1916
BUREAU, V.S.

S. No. 1.

A PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.—Every Item CAUSE OF Important.

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1 PLACE OF DEATH





#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 308

St.;.....Ward)

fif death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeuralo White (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to, 191
(Month) (DAy (Year)  7 AGE (Month) (DAy (Year)  16 LESS than f day, hrs. OR min.?	that I last saw h alive on 191 and that death occurred on the date stated above, at muring m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Kanning heen sufferen fram brain synfler for sous marables  (Ouration) yrs mos ds
10 NAME OF FATHER OLUL ROGERS  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) (Duration) yrs mos. ds  (Signed) (Address) (Signed) M. D  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY/KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds  Where was disease contracted, If not at place of death?
(Address) A external y murer  (Address) A external y murer  15  Filed 191 REGISTRAR	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS
HEGISTRAR	XI DO THERE TO GET THE

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. statement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As examples:

Statement of cause of death—Name, first, the Insease causing death—In all always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Conmus," "Old Age," "Shock," "Uraemia," "Weakness," gcnital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vio-Branchopncumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED V. S. No. 1.

County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
Village or City Cagerolown (No.356, E.	Franklin st.; 4 Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruits White 5 SINGLE, MARRIED, WIDOWER OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
TAGE  TO DATE OF BIRTH  (Month)  (Day)  (Year)  (Year)  (Year)  (Age of Birth	that I last saw her alive on Del 25, 195, and that death occurred on the date stated above, at 237 m.
yrs. O mos. Os. OR mho.?  9 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	The CAUSE OF DEATH * was as follows:  (Oursilon) yre. mos. 6 ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER CLYDE TO MANAGE OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MANAGE OF	Contributory Secondary  (Signed)  (Signed)  (Signed)  (State the DISPASE CAUSING DEATH, or ideaths from TOLINT CAUSES, state (1) MEANS OF INJURY; and A VINCELLA OF INJURY; an
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Tagrislown Md.  16 19/23, 1915 Demy Registrar	January Olymete 24, 191. J.  20 UNDERTAKER  ADDRESS  Haggistown  10 W. S. M. S. P. St. Portation V. S. N. S.
it more dianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Doy laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Tealer," etc., without more mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, Civil If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness, head-homicide; Poisoned by corbolic acid-probably Struck "PUERPERAL peritonitis," etc. birth or miscarriage cause. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcomo, etc., of......... (name origin; "Cancer" is less definite; avoid use of chopneumonia (secondary), 10 ds. by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver as "PUERPERAL septicharmia, State cause for which Never report mere nound



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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT !	Every item of information should be carefully supplied. AGE should be stated EXACTLY. F	language. Or DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.
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No. 1.	*	Every Item	Important. See instructions on back of certificate.

HYSICIANS should of OCCUPATION IS

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in ....Ward) a hospital or institution. · give its NAME instead ot street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? COCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ...... 9 BIRTHPLACE (State or country) Contributory / Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State or country State ...... yrs, \_\_\_\_ mos. \_\_\_ Where was disease contracted. MY KNOWLEDGE If not at place ot death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, c. E. Franklin St., Balto., Requesting V. S. No. A.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For VIO-



S. No.

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated classified. properly INK UNFADING PLAINLY, See Instructions of Information DEATH WRITE CAUSE OF Important. ż

13 BIRTHPLACE OF MOTHER (State or country

16

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

In the

State ...... yrs, \_\_\_\_ ds

DATE OF BURIAL

ADDRESS

Registration Dist. No.

.Ward)

fif death occurred in a hospifal or institution. give its NAME Instead of streef and number. ]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	4 COLOR OR RACE   5 SINGLE, MARRIED, Married Widoweo, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I sttended decessed from
7 A	<u>Bec</u> 24, 1846 (Month) (Day (Year)	that I last saw h an alive on Dec 7, 191 J
· A	69 yrs 11 mos 25 ds. or min.?	and that death occurred on the date stated above, at
(a) pai (b) bus	occupation i) Trade, profession, or stricular kind of work industry, siness, or establishment in olich employed (or employer)	Chronic Reflection / yrs. mos. ds.
981	(State or country) Mary land	Contributory Elawston Secondary
ARENTS	10 NAME OF FATHER Cliab Moser  11 BIRTHPLACE OF FATHER (State or country) Mary laud  12 MAIDEN NAME & COMMOTHER OF MOTHER	(Signed)
0.	Mydiallarp	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

KNOWLEDGE

REGISTRAR

At place

Former or

usual residence

\_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

19 PLACE OF BURIAL OR REMOVAL

ulau

Where was disease confracted.

If not af place of death? ..

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; tion is very important, so that the relative healthfuicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF ISOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase causing (Recommendations on statement of death), 29 ds.; For vio-



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of OGCUPATION IS VETY RECORD Exect statement PERMANENT EXACTLY. stated properly classified. 4 UNFADING INK-THIS IS AGE supplied. pe may certificate. osrefully o 0 0 WITH be DEATH in plain terms, see instructions on back pinous PLAINLY, Information WRITE Sec Every Item CAUSE OF Important.

SEX

7 AGE

ARENT

15

6 DATE OF BIRTH

POCCUPATION

(a) Trade, prefession, or

particular kind of work. (b) General nature of industry,

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

business, or establishment in

1 PLACE OF DEATH

Village or City Kup Treate





#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 3/0

St.: Ward)

Ilt desth occurred lo a hospital or institution. give its NAME Insteed of street and oumber. 1

\* FULL NAME Perry Ranson Ne

S SINGLE,

MARRIED. WIDDWED.

lew May Campboll

If more hlanks are needed, address State Registri

Write the word)

18

It LESS than

1 day, 2.0 hrs. OR ..... 7

REGISTRAR

(Day)

PERSONAL AND STATISTICAL PARTICULARS

(Month)

mos.

4 COLOR OR RACE

which employed (or employer) .....

16 DATE OF DEATH	Dec	·	19	. 1915
	(Mont)	1)	(Day)	(Year)
17 I HEREBY	CERTIFY, TI	at I atte	ended dec	seased from
LUC. 18 19	15 to 1	lic	19	1915
	^			
hat I last saw h. M. alli	ve on	C.14.		, 1915
nd that death occurred o	n the date at	ted abo	ve. at 8	Pm
LA CAUCE OF BEATUA	was as fallous			
DL	mati	10	Ars.	The
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[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuimine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seniie," etc.), "Dropsy," "Exhaustion, ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convuisions," "Debliity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 8 1916
BUREAU, V.S.

VIIIage or City Lear Scripton	ang (	S. who	STATE OF M CERTIFICATE  Registration  St.; Ward)	OF DEATH
PERSONAL AND STATISTICAL PARTIC	CULARS		MEDICAL CERTIFICATE	OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCE (Write the work	Midous	18 OATE OF C	(Month REBY CERTIFY, That I	
(Month) (Day  7 AGE  8 OCCUPATION (a) Trade, profession, er particular kind of work	(Year) If LESS than I day, hrs.	that I last so and that dea The CAUSE	th occurred on the date	
(b) General natore of ledustry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER	nd,		Ory Palvalar (Burellon)	3 yrs. 6 mos.
In Birthplage  Of Father  (State or country)  12 Maiden Name  Of Mother	w.	SUICIDAL OF		or, in deaths from Violent d (2) whether Accidental,
13 BIRTHPLACE OF MOTHER (State or country) Franklin (	Dearer Par	OR RECENT At place of deethyr Where was disease if not at place of Former er usual residence	amosde. Sto contracted,	
Fled Dec. 4, 1815 J J. F.	ma rqueou	19 PLACE OF LECTY 20 UNDERTAIN	L Graveyord	PAODRESS

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Forenian," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid etc If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs. For persons who have no occupation whatever, write None

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted (term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for n.alignant neoplasms); Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion." "Heart failure," "Il (morrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ura mia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. 'The nature of the injury, as fracture of skull. and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

V. S. No. 1.

15

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement A PERMANENT EXACTLY. stated properly classified. UNFADING INK-THIS IS AGE WRITE PLAINLY, WITH See Instructions of information DEATH N. B.—Every Item CAUSE OF I 1 PLACE OF DEATH

22088

#### STATE OF MARYLAND CERTIFICATE OF DEATH

305. Registration Dist. No.

ADDRESS

Village or City Brows bors (No,	St.; Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Reale Hote (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  [HEREBY GERTIFY, That I attended deceased from
TAGE  ATE OF BIRTH  (Month)  (Day  (Year)  (Year)	that I last saw h & A alive on See 16", 191 V.
88 yrs 3 mos 3 ds OR min.?  Goccupation (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at 2, m. The CAUSE OF DEATH* was as follows:
(b) General nature of Indostry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER PROPERTY OF FATHER OF FATHER OF FATHER OF FATHER OF FATHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, IRANAIENTA, OR RECENT RESIDENTS)  At place of death
(Address Frankow Fred	Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. The contributory Measles (disease causing death), 29 ds.; (secondary or intercurrent) Never report



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

	1 PLACE OF DEATH 22089 County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Exarfoss Diston	Registration Dist. No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Fausle White Single, wildow of Divorce Wildow	16 DATE OF DEATH /2 3/ , 19/5. (Month) (Day) (Year)
1	6 OATE OF BIRTH	that I have saw her allee on Dec 3/ 1915;
	77 AGE  1 If LESS fhan 1 day, hrs. OR min.?	and that death occurred on the date stated above, at # 50 m. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in	5
	which employed (or employer)  BIRTHPLACE (State or country)	Contributory Valvular Start Sistar E
	10 NAME OF FATHER THU Witner	(Signed) A Co Residence of M. D.  (Signed) 181 6 (Address) Hele Line Pa
	BIRTHPIACE OF FATHER (State or country)  MAPLIANA  MAIDEN NAME OF MOTHER  WANTE OF MOTHER  OF MOTHER  WANTE OF MOTHER  OF MOTHER  WANTE OF WORLD  WANTE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suigidal or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Marylaut.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrsmesds. Stele,yrsmiosds. Where was disease contrasted,
	(informent) All M. M. Minnerman	If not at place of death?  Former or usual residence
	(Address) Dearfoso, Mil.	Reiflo Mennonite Ch. DATE OF BURIAL
	Filed Jam. 375, 1916 S. L. THASSISH REGISTRAR	EMbuter Teon Hagerstown
	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "PUERPERAL septichaemia, mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping when a definite disease can be ascertained as the by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which "Exhaustion,"



1 PLACE OF DEATH S 5 STATE OF MARYLAND PHYSICIAN t statement Registration Dist. No. fif death occurred in a hespital or institution. EXACTLY. give its NAME instead of street and number. RECORD classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE. 16 DATE OF DEATH MARRIED. PERMANENT WIDOWED OR DIVORCED properly (Month) of certificate HEREBY CERTIFY, That I attended deceased 6 DATE OF BIRTH should pe (Day) (Year) 7 AGE may If LESS than death occurred on the date stated above ш on back 1 day, hrs. C OF DEATH \* was as follows: mlo. ? that OCCUPATION
(a) Trade, profession, or supplied instructions 20 (b) General nature of industry terms, business, or establishment in which employed (or employer 9 BIRTHPLACE (State or country) Contributory See 10 NAME OF FATHER pino I 11 BIRTHPLACE (Address) Julis PARENT OF FATHER d (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. 0 12 MAIDEN NAME SUICIOAL OF HOMICIOAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 13 BIRTHPLACE infor S OF MOTHER Al place WRITE (State or country) 5 should state CA was disease coetracted. (Informant) DATE OF BURIAL 15 UNDERTAKER ADDRESS ż If more blanks are needed, address State Registrar, 16 W. Saratoga Sty, Balto., Requesting V. S. No. 1.

1

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the nisease causing death, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. 6 yrs.). For persons who have no occupation whatever state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Carc should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day lubarer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) (rocery; (o) Foreman, business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremon, ctc. But in many cases, applies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--('oal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from (b) Auto-

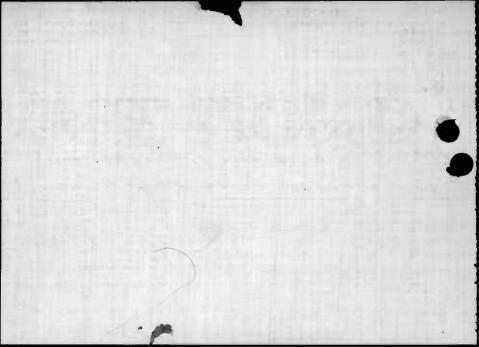
Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent Deates "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urarmia." "Weakness," "An temia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. eough; Chronic valvular heart disease; Chronic interstitial ges, peritono eum, etc., Carcinoma, Sarcoma, etc., of . . . . . to determine definitely. Examples: Accidental drowning; "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Scnilc," ctc.), Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Meosles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage as Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"PUERPERAL septichaemia," "Dropsy," "Exhaustion," Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5-1916 BUREAU, V.S.

OFFICE HOURS. DANIEL A. W. KINS, M. D. UP TO 10 A. M BOTH PHONES 2,TO 4 P M. AFTER 7.P. M AND BY APPOINTMENT R For complete information to to cause of death, Orefer you to Dig Mi P, Scott as ther regular attending physician S.S. a. Walkens



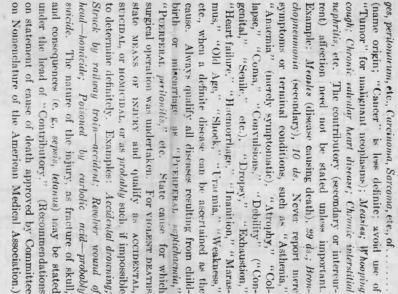
V. S. No. 1.

HYSICIANS statement of	County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
Exact	Village or City Lagerature (No. 432 les	[If dealh occurred in a hospital or institution, give its NAME instead of street and number.]
XAC	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated EXAC	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH  EC /4, 1910  (Month) (Day) (Year)
hould be sta be properly certificate.	Month (Day) , 1832	17 I HEREBY CERTIFY, That I attended deceased from , 191, to, 191, 191, 191
GE s may ck of	7 AGE (Month) (Day) (Year)  1 day, hrs. OR min.?	and that death occurred on the date stated above, at 930 m
so that i	B OCCUPATION (a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)	Trochus 1 well Jenus TJB: (Ouralion) yrs. mos. ds
carefully sur	9 BIRTHPLACE (State or country) Turkery	Contributory Secondary  (Durelion). 2 yrs., mos. di
ion should be ca F DEATH in plai important. See	10 NAME OF FATHER PLY CAX	(Signey Samel a traffins M. Comy Registrar
	OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Deart, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
format USE O	of MOTHER Suran Shrings  13 BIRTHPLACE OF MOTHER (State or country)  Hum Jurany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place to the of death
Every item of in should state CA OCCUPATION	(Informant) THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or  usual residence
Every it	(Address) Hagiratows Md	Hamt Hally A. J. DATE OF BURIAL 1915
. m	Filed 191 191 1 REGISTRAR	Withers Minnel Lag. Md.
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, ctc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Nunager," "Dealer," etc., without more of the second statement. mobile factory. 'The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil ness of various pursuits can be known. The question taken to report specifically the occupations of persons business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--('out mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using alway, the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym of Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-





BINDING FOR RESERVED MARGIN

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B. No.

Village or City Meananton 22090	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3.1.0  [If death occurred in a hospital or institution,
* FULL NAME Primaturi - nos	
PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day) (Year)  17 , I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h allve on Atu bow ,191
2000 prefession, or	and that desth occurred on the date stated above, at
particular kind of work	Contributory (Secondary)
10 NAME OF FATHER MM F Ryndlds  11 BIRTHPLACE OF FATHER (State or country)  Mol	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL TOMACULA BOULD  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted.
(Informant) Dr B Harry Fury War  (Address) Harry Fury War  15 Filed Dek 6. 1915 Emmer & 40 unfur	It not at place at death?  Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Belto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING NEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallyoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-



PLACE OF DEATH	STATE OF MARYLAND
116.6. 1	CERTIFICATE OF DEATH
County Mashington 22031	Registered No. 2
Village or City Hagerstown (No. 12.7	Ray St; 3 Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Grancis Richi	and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	DEC 6, 1915 to Dic, 17, 1918.
(Mouth) (Day) (Year)	that I last saw ham alive on Dec. 17, 191 J.
7 AGE If LESS tha	and that double countries on the
/ yrs. 4 mos. / 4 ds. or min. ?	The CAUSE OF DEATH * was as follows:
OCCUPATION  (a) Trade, profession, or particular kind of work	Supercular miningitis
(b) General nature of industry, business, or establishment in	(Duration) yrs. mos. [44 ds.
which empinyed (or employer)	Contributory Paralysis
9 BIRTHPLACE (State or country)	(Secondary) (Duration) yrs mos ds.
10 NAME OF Reed To Richard	(Signed) Souse, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Cathelen Conceldson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State of country)	At place of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
(Informant) Reed To Rickard	Former or usual residence
(Address) 131 Ray St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 12 Jas 1915 Henry Davis	20 UNDERTAKER ADDRESS
REGISTRAR	Kraiss Bros ' Hagers low
If more blanks are needed, address State Begis	trar, 6 E. Franklin St., Balto., Requesting V. S. No./1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant. Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing disease, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if Impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10. ds. oma. Sarcoma. etc., of ... "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-The contributory tetanus) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:



•	PLACE OF DEATH	STATE OF MA	RYLAND
County	Mashing/on 221182	CERTIFICATE O	F DEATH
/	0 -0	Registration Dis	st. No. 306 ·
Village	or City Amillishary (No.	St; Ward)	[If death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME ONTE Midgle		of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH
Fun.	4 COLOR OR RACE 5 SINGLE, MARRIED Jungle WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day) (Year)
6 DATE	OF BIRTH    1	that I last saw h alive on	, 191,
7 AGE	It LESS than   1 day, hrs.   OR min. ?	and that death occurred on the date st The CAUSE OF DEATH * was as follow	
(b) Go busines	JPATION (ade, profession, or liar kind of work eneral nature of lodustry ss, or establishment in	Question)	yre. mae. de.
9 BIRT	employed (or employer)  HPLACE (ate or country)  Somethis fluoring Ond	Contributory Secondary	
10 NAME OF FATHER CONTROL OF FATHER CONTROL OF FATHER (State or country) Confliction of the control of the cont		(Signed) MDA Seller	in deaths from MOLENT (2) whether ACCIDENTAL,
	BIRTHPLACE CF MOTHER (State or country) Amothshiong and  ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At plece to the set deeth yre	INSTITUTIONS, THANSIENTS,
	Tormant Lincolne Buliman	Former or usual residence	
15	(Address) Southstein and	19 PLACE OF BURIAL OR REMOVAL	Dec 13 191 U
Filed	Dec. 13, 1915 J. H. Ferguson	Leurole Bulerna	Smill street
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1	



[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, taken to report specifically the occupations of persons of the second statement. mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-"Foreman," "Manager," "Dealer," etc., without more For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, etc. The material worked on may form part statement. Never return "Laborer," If the oecupation has been changed Architect, Locomotive engineer, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

"PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness, cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. to determine definitely. Examples: Accidental drowning: birth or miscarriage "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from childby railway train-accident; Revolver wound The contributory (secondary or intercuras "PUERPERAL septicharmia, State cause for which Never report mere "Exhaustion,"



Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

VIIIage or City Wolfer May Elizabet	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1  St.; Ward)  St.; Ward)  If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX  COAOROR RACE  SINGLE,  MARRIED.  WIDOWED.  WIDOWED.  WIDOWED.  WIDOWED.  Wipowed.  Wipowed.  Wipowed.  Wipowed.  Wipowed.  Wipowed.  Wipowed.  Wipowed.  Wipowed.	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from Acc. 25
TAGE  (Month)  (Day (Year)  7 AGE  (Month)  (Day (Year)  1 LESS than 1 day, hrs.  OR. mln.?	that I last saw has allve on Nove 29, 1915; that I last saw has allve on Nove 29, 1915 and that death occurred on the date stated above, at 30 a, m, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  10 NAME OF	Contributory Columbia Constant Contributory Columbia Columbia Contributory Columbia Contributory Columbia Columb
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs mos ds. State yrs mos ds  Where was disease contracted, it not at place of death? Former or usual residence.
(Address)	20 UNDERTAKER ADDRESS.  rar, 6 E. Franklin St., Balto., Requesting V. S. No.

N. B.

S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Iaborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATIIS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (discase causing death), 29 ds.; (Recommendations on statement of "Exhaustion,"



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Hicomico 22158	CERTIFICATE OF DEATH
Outry	(119)
01.1	Registration Dist. No. 333
VIIIage or City Falisbury (No. Con	rdin dort st: (2 Ward) [If death occurred in
	a hospifal or institution,
Mario 1. Al Al Al Al	of street and number.
FULL NAME Storge 1. 1, 1/ 000	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED	18 DATE OF DEATH
Male White WIDOWED OR OIVORGED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
about year ou	Siff 1 , 1911 , to Dec 10 , 1947 ,
(Month) (Day) (Year)	that I last saw han alive on Ang. 191 J,
7 AGE If LESS than	
	and that death occurred on the date stated above, at 3 @ m.
about 70 yrs. mes. ds. OR min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or	
(a) Trade, profession, or Farmer	lessafillen
(b) General nature of Industry	B. Ali Clair
U business, or establishment in	(Buration) yrs. mos. 5 ds.
which emplayed (or employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary
Maryland	Duration) yro. 3 mos. do.
10 NAME OF PATHER MAN BANGE	(Signed) , M. O. , M. O.
of the state of th	1
BIRTHPLACE OF FATHER (State or country)  Mot known	*State the PISFASE CAUSING DEATH, or, in deaths from Viglent
C 12 MAIDEN NAME	CAUSES, State (1) Means of Injust; and (2) whether Accidental, Suicidal or Homicidal.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Mot Rasson	
13 BIRTHPLACE IN A	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Not Known	At place in the of death yrs
	of deathyrsmesde, State,yremesde, Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(interment) S. N. Movers,	Former er
eli bu m	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Falisbury, Md.	M On A
15 / 1	Mear Falisbury, mg. 17/12/15, 101.
FIREDUC 12", 191 5 11 Jumes	20 UNDERTAKER bry of of barns ADDRESS
REGISTRAR	The Hell & Honson Co. Salisbury, mg.
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balte., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question 6 yrs.). or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physibusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Ursemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, ctc., Carcinoma, Sarcoma, etc., of ..... by railway train—accident; Revolver wound of Always qualify all diseases resulting from child-The contributory (secondary or intercur-"PUERPERAL septichaemia," "Dropsy," Never report mere "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

Village or City Hage of City Marie Michael 8.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2  Bouland St.; 2" Ward)  Ryau  [If death occurred in a hospital or institution, give its NAME instead of streel and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married White the world	16 DATE OF OEATH December 7, 1915  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH  Aug. 3/", 1834  (Mongh) (Day), (Year)	Some months, 191, to 191, 191, that I last saw him allve on De 2 4 1915,
8 occupation O / 1 (5)	and that death occurred on the date stated above, at f. The CAUSE OF AFATH * was as follows:  The CAUSE OF AFATH * was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment*in which employed (or employer)  9 BIRTHPLACE (State or country)	(Buration) yrs. mos. ds.  Contributory Secondary
10 NAME OF FATHER ATTICK PLYANT  11 BIRTHPLACE OF FATHER (State or country) ATLANT  12 MAIOEN NAME OF MOTHER  14 MAIOEN NAME OF MOTHER	(Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of death yrs
(Informant) MAS-MINIOUW, MAS- 15 Filed 128 1975 Holling Arms, REGISTRAR	19 PLASE OF BURIAL OR BEMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS  MALLELLER OF OUR PLASE OF BURIAL  20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar,	W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housewrite None. the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material werked on may form part mill; (a) Salcsman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no oecupation whatever, If the occupation has been changed Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: cause. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichuemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Mcasles; Whooping chopncumonia (secondary), 10 ds. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from childby railway The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere "Exhaustion,"



EXACTLY, PHYSICIANS sified, Exact statement of RECORD classified PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIEO, 3 SEX 4 COLOR OR RACE stated PERMANENT WIDOWEO BINDING (Write the world properly of certificate should be 6 DATE OF BIRTH pe (Month) 4 7 AGE may S O S Ш back G THIS d ..... mos. \* (a) Trade, profession, or 0 tha supplied 回回 ons INX particular kind of work SO (b) General nature of industry instructi business, or establishment in terms THE LAND UNFADING carefully which employed (or employer) 9 BIRTHPLACE (State or country) 0 lain 1 See 10 NAME OF pe 2 FATHER WITH ARGIN pino important I 11 BIRTHPLACE RENT AT OF FATHER (State or country E A PLAINLY. of information e CAUSE OF D 12 MAIDEN NAME PA OF MOTHER is very 13 BIRTHPLACE OF MOTHER WRITE (State or country) should state CAI 14 THE ABOVE IS TRUE TO No. 1. 00 တဲ့

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1 PLACE OF DEATH

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HEREBY

16 DATE OF DEATH

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The CAUSE OF D

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CAUSES, state (1) SUICIDAL OF HOMIC

LENGTH OF RESI

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Where wee disease contra-

tf net at place of death?

Secondary

(Signed)

At place

of deeth

Former or usual residence

If LESS than

1 day, hrs.

STATE OF MARTLAND		
CERTIFICATE OF DEATH		
Registration Dist. No.		
(if death occurred in a hospital or institution, give its NAME instead of street and number.)		
CAL CERTIFICATE OF DEATH		
(Month) (Day) (Year)		
CERTIFY, That I attended deceased from		
Malive on Dee J 191 J		
curred on the date stated above, at		
EATH * was as follows:		
choply Them?		
(Ourelton) yre moe ds.		
Lairfer, M. O.		
1. J. (Address) Haguston md		
SEASE CAUSING DEATH OF, in deaths from Vigent Means of Injury; and (2) whether Accidental, HOAL		
DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, INTS)		
meede. State,yremosde.		
OL OR BEMOVAL OATE OF BURIAL		
(C)MULLENT) ADDRESS 191.		
L- N1 11 11.		

PLACE OF BURI éo UNDERTAKER

If more blanks are needed, address State Registrat, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Stationary fireman, etc. Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-prabably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or misearriage as "Puenperal septichaemia," eause. ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion." symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from childby railway The nature of the injury, as fracture of skull, The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere mound



N.B.

PLACE OF DEATH 22096.L	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
7///	Registration Dist. No. 302
Village or City Dell's Vous (No. 0) 2 FULL NAME STOMOW	Hurth St.; 3 Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVERSED 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	16 DATE OF DEATH    Nac 4-, 1915
Male Wills (Write the word AM)	17   HEREBY CERTIFY, That I attended deceased from
(Month) (Day) , 184	that I last saw h in alive on hw. 30 ,1915,
7 AGE If LESS that 1 day, hrs. OR min.?	The CAUSE OF DEATH & was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in	Patient fell and struck head about 3 years sine and has
which employed (er employer)  9 BIRTHPLACE (State or country)	Contributory & Kaushin Mes de.
10 NAME OF FATHER MANN STRAFFER	(Signed) SUU Web M. D.  Web. G. 1915 (Address) Hagustown, The
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Dmath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicipal or Homicipal.
OF MOTHER OF MOTHER OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece In the of death
(Informant)	Where was disease centracted,  If not at place of death?
(Address) 5 Flint St.	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL  20 UNDERTAKEN  ADDRESS
Filed, 1916 REGISTRAR	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Poreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Housemaid, ete: precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulis provided for the latter statement; it should be used business or industry, and therefore an additional line For many oecupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the oecupation has been changed Locomotive engineer, But in many cases,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee suicide. The nature of the injury, as fracture of skull, on Nomenelature of the American Medical Association.) under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichacmia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, etc. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... cause. Always qualify all diseases resulting from child-"Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The eontributory (seeondary or intercurtrain-accident; Revolver wound "Atrophy," 3.3 ("Con-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

V. S. No. 1.

23209	STATE OF MARYLAND
County Washingtres	CERTIFICATE OF DEATH
The state of the s	Registration Dist. No. 3 6
Village or City Priggold (No	St.; Ward)  [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 SINGLE, // A	MEDICAL CERTIFICATE OF DEATH
Male Thate (Stingle, Married Widowed, ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)	(Month) (Day (Year)
© DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1915, to Dec 11, 1915.
(Month) (Day (Year)  AGE If LESS than	and that death occurred on the date stated above, at 10 mm,
6 OCCUPATION Mos / Gs. oR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Laborer	with concussion of the
(b) General nature of Industry, business, or establishment in which employed (or employer)	be cycle 749 (Duration) yrs. mos. 2 ds.
9 BIRTHPLACE (State or country) Franklin Co Ba	Contributory accident accome
10 NAME OF John Shrader	(Signed) (Si
11 BIRTH PLACE OF FATHER (State of country) Frankling So	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
a losannatinger	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted.
(Informant) Martha Musader	If not at place of death?  Former or  usual residence.
(Address) lingold mid	19 PLACE OF BURIAL OR REMOVALE PLATFOF BURIAL
Filed Dec. 12 1913 J St Ferguson REGISTRAR	20 UNDERTAKER ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. N. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of



PHYSICIANS statement XACTLY CORD PERMANE pino be Ce of AGE back 0 00 pplied Ш 20 instructi terms (1) 2 Ш Se 2 onid ARGIN important 0 E OF C Ø of infor 5 19 Ü should state C

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1 PLACE OF DEATH.

CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St:.....Ward) a hespital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 18 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Month) (Day) ! HEREBY CERTIFY, That ! attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above. 1 day, hra. as follows: OR mla.? OCCUPATION (a) Trade, prefession, or particular kind of work. (b) General nature of Industry business, or establishment in which employed (or employer) 9 SIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signad) 11 SIRTHPLACE RENT OF FATHER State the DISEASS CAUSINO DEATH, or, in deaths from VIOLINT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental. 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER ENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE In the (State or country) of desth Where was disease contracted, 14 THE ABOVE IS TRUE TO If not at piscs of death? Former sr ueual reeldspcs PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single-word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, WHousemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired For persons who have no occupation whatever, write None

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pncumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intereurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H. emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH pinous Registration, Dist. No. Ilt death occurred in a hospital or institution. give its NAME instead of street and number. ] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED WIDOWED. ORDIVORCEO (Write the word) (Month) (Day (Year) BINDIN I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH (Month (Day Year) TAGE classi It LESS than and that death occurred on the date stated above, at 6 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in тау which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER (Signed) 50 Z OZ ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ATH In planting OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the ot death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. \_\_ EAT WRITE Where was disease contracted, 14 THE ABOVE It not at place of death?. 0 Former or 0 usual residence mportan Every It AL OR REMOVAL DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite diseasc can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanition," "Marasgenital," "Senile," etc.), "Dropsy," affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," For VIO-



County Co	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Hagerstaun (Nol Profin 2 FULL NAME Mary Sugaria	Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, WIOOWED OR DIVORCED (Write the word)	16 OATE OF OEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  9 00 1839 (Month) (Day) (Year)	that I last saw h 27 alive on Dec 26, 1915,
7 AGE    It LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at // /, m.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry business, or establishment in which amplitudes	(Ouration) / yyl mos. ds.
which employed (or employer)  9 BIRTHPLACE (State or country)  1 COUNTRY	Contributory Age and Degeneration Sepondary Charges (Ourstion) 1 777 mos ds.
10 NAME OF FATHER JAM MCJaughalin  11 BIRTHPLACE OF FATHER (State OF Country)  12 MAIOEN NAME OF STATE OF THE	*State the DISEASE CAUSING DEATH, Gr, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICTOAL.
of MOTHER Mary Monger  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not at place of death?
(Informant) Chylan Stauffer  (Address) Aggestauen Md  15	19 PLACE OF BURIAL OR DEMOVAL  AMERICAN PROPERTY PARTIES AND ASSESSED AS SECOND PROPER
Filed 1916 REGISTRAR  If more blanks are needed, address State Registrar,	20 UNDERTAKER ADDRESS AGUSTUM  16 W. Saratoga St., Balto, Requesting V. S. No. 1.  MA

[Approved by U. S. Census and American Public Health Association.]

engaged in domestie service for wages, as Servant, Cook wife, Hausework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. of the second statement. know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulespecially in industrial employments, it is necessary to For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Wonien at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopmeumonia ("Pneumonia," nenim-unqualified, is indefinite); Tuberculosis of lungs, menim-

genital," "PUERPERAL peritonitis," etc. State cause for which on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telunus) may be stated head-homicide; Poisoned by SUICINAL, OF HOMICIDAL, OF as probably such, if impossible surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus, chapmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," nephritis, etc. The contributory (secondary or intercurges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of... on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, cause. "Heart failure," "H:emorrhage," "Inauition," "Maras-"Anaemia" Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic ruleular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uracmia," "Weakness, Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," (merely symptomatic), "Convulsions," etc.), "Dropsy," carbolic acid—probably "Debility" "Atrophy,". "Exhaustion," ("Con-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING < INK-THIS IS FOR RESERVED WITH UNFADING MARGIN PLAINLY, WRITE S. No. 1.

Z.B.

Village or City Hausek Diston.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
7 AGE (Month) (Day) (Year of LESS the 1 day, hr	that I last saw he alive on the date stated above, at .750 m.
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE	(Ouration) yrs. mos. 2 ds
10 NAME OF FATHER Hy Sexall	Secondary  (Buration) yrs. mos. 9 ds  (Signed) , M. 0
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant Earl Enrall	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. Stele, yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence
Flied 12/18, 1915 III Europe REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PARTY SELECTION ADDRESS  HOLO MANCLEY: Las fordown 94
If more blanks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Cansus and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully write None. Housemaid, etc. taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Luborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. The material verked on may form part mill; (a) Salesman, (b) (rocery: (a) Foreman, only when needed. As examples: (a) Spirner, (b) Collon is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever, If the occupation has been changed Architect, Locomotive engineer, If retired from The question without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," nenin-

mus, on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably Struck by railway troin—accident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, OF as probably such, if inpossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "H emorrhage," "Inauition," "Maras-Example: Meastes (disease causing death), 29 ds.; Bron-" "Old Age," "Shock," "Uracmia," "Weakness, or miscarriage as "Puerperal sephichaemio," The contributory (secondary or intercur-State cause for which Never report mere (Recommendations "Exhaustion," to nunou



1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Mashington 661110	Registration Dist. No. 1205
Village or City Rooms Soup ( )	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
asex Color or RACE Single, Married, Wildowson, ORDIVORCED (Write the word)	C DATE OF DEATH SEC 1974, 1915
DATE OF BIRTH 100- 13- 186; (Month) (Day (Year)	HEREBY CERTIFY, That I attended deceased from 1915.  1915.  1915.  1916.
TAGE  If LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Lower Wice of Strains (Ouration) 2 yrs 6 mos. 0 ds.
State or Equity State of Foundation of the state of the s	Secondary  (Duration) O yrs 3 mos O ds.
TATHER  STATE  11 BIRTHPLACE OF FATHER (State of country)  MOUNT LANGE OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary Count	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR SECENT RESIDENTS)  Af place In the of death yrs mos ds
Informant) Martin BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or  usual restrence
(Address) Books fow Mc	Sourbone Geneture Date of Burial
Filed Dec. 2/ 1915 Leo M Stoose St.	29 UNDERTAKER + Bast Boomshow
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



V. S. No. 1.

N. B.-

RE	PH
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate.
4	d #t
S	De la
	ias
H	she iy o
-	GE
NK	Pro D
-	be be
N	d a
AD	lly s It r Icat
UNF	Every item of information should be carefully supplied, AGE CAUSE OF DEATH in plain terms, so that it may be proper important. See instructions on back of certificate.
I	80
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5	hou ter
5	n s ns u
AIF	atio n pl
7	H I
H	Inf EAT 8 in
K	Se
3	or or
	JSE
	CAL

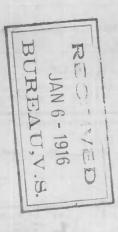
County Washington 22101  Poly Mashington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 5 7
Village or City Chran villy (No. 2)	St.; Ward)  [If death occurred in a hospital or institution, give ifs NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of RACE Since. Single MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Yest)	that I last saw handlive on Dec 25, 1916.
7 AGE 18 yrs. 7 mos. 9 ds. 1f LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at S
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	Richery Chant
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Groups Cowith	(Signed) C D. Batur M. J.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 Siglin	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Fruit Co Ind	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds
(Informant) Morga Lawith	Where was disease confracted, If not at place of death?  Former or usual residence
(Address). Rollmorrella had	Locust Frovz DATE OF BURIAL 1915
FILED Dec 2/ 1914 CDV3aKy ML S	DU ADDRESS ADDRESS
	trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1. Ma

[Approved by U. S. Census and American Public Health Association.]

dutics of the honsehold only (not paid Nousekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," cngincer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for malig-nant neoplasms); Measles; Whooping count; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitid nephritis oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease cansing death), 29 ds., (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) "Dropsy," "Exhaustion," Never report



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PERMANENT

22102 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME Instead of street and number.] **\*FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. -16 DATE OF DEATH 4 COLOR OR RACE MARRIED, 1910 WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at... 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ...... yrs, \_\_\_\_ mos. \_\_\_ Where was disease contracted. If not at place of death? --Former or usual residence DATE OF BURIAL 16 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin Sc. Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—like primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skuil, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (mcreiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Meastes (discase causing death), 29 ds.; (Recommendations on statement of "Exhaustion,"



	1 PLACE OF DEATH	STATE OF MARYLAND
Co	ounty Washington 22103	CERTIFICATE OF DEATH
		Registration Dist. No. 3/2
Vi	llage or City Middleburg (No,	St; Ward) [If death occorred in a hospital or institution,
	2 FULL NAME ACOUT.	Steven give its HAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED OR DIVERSE	16 OATE OF OEATH /2 2/", 1915 (Month) (Day) (Year)
	mar Wutt Write the vorder Will	17 I HEREBY CERTIFY, That I attended deceased from
9	TIEL 29" 1848.	Ace 10" 1915, to dee 21", 1915,
7	(Month) (Day) (Year)  AGE   If LESS than	and that death occurred on the date stated above, at JA'm.
E E	67 yrs. 9 mos. 22 ds. 1 day, hrs. or min.?	The CAUSE OF DEATH * was as follows:
5 y	OCCUPATION (a) Trade, profession, or particular kind of work	Chronic Nephritis and
nstructions 6	(b) General naturo of lodustry	Rhumatisin.
2	business, or establishment in // which employed (or employer)	(Ouretion) yrs. mes. ds.
	State or country)	Secondary Secondary
	10 NAME OF HOLLING Skine	(Signed) D. C. P. Mulfer M.D. M.D.
Team	11 BIRTHPLACE OF FATHER	
importa	(State or country)	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
Ziev C	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At Blace In the
2	OF MOTHER (State or country) Terrial	et desth yrs. mes. ds. State, yrs. mes. ds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	If not at place of death?
2	(Informant) Carry Stive.	Fermer er usuat residence
14	(Address) Moddleburg, Pa.	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
15	FRED 12/22 191 S. a. Harrish	20 UNOERTAKER AOORESS
	REGISTRAR	Musuler Tow Nagenslow
	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Doy laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. "Foreman," "Manager," "Dealer," etc., mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Never return "Laborer," Locomotive engineer, in many cases, If retired from The question without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tubercubsis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, lulanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) to determine definitely. "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. MEANS OF INJURY and qualify as ACCIDENTAL, or miscarriage as "PUEHPERAL seplicharmia," Always qualify all diseases resulting from ehild-The nature of the injury, as fracture of skull, railway train-accident; Revolver The contributory (secondary or intercur-Examples: Accidental drouning; State cause for which Never report mere wound of



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#### PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 305 [If death occurred in ---Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 3 SEX 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month TAGE If LESS than and that death occurred on the date stated above, at 1 day ......hrs. OR ..... min. ? OCCUPATION (a) Trade, profession, or particular kind of work. lozy (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPENTA OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) \_\_\_ yrs. ..... mos. Where was disease contracted, THE ABOVE If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

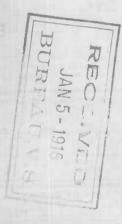
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the niseAsE "Manager," "Dealer," etc., without more precise speci-(a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, poritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



PHYSICIANS t statement of Registration Dist. No. .. Exact RECORD EXACT classified PERSONAL AND STATISTICAL PARTICULARS SINGLE, 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH stated MARRIED, WIDOWED OR DIVORCED (U (Month) properly I HEREBY CERTIFY, That I attended deceased from pe 6 DATE OF BIRTH 191....., to should Ce pe (Year) of 7 AGE If LESS than may and that death occurred on the date stated above 1 day, hrs. back G The CAUSE OF DEATH \* mfg. ? OR 4 40 so that 8 OCCUPATION 6 supplied (a) Trade, profession, or SHO particular kind of work b) General nature of Industry terms, structi business, or establishment in (Ouration) ...... yre. fully which employed (or employer) 9 BIRTHPLACE (State or country) Contributory piain 10 NAME OF Φ Ď 2 FATHER pino important I 11 BIRTHFLACE PARENT OF FATHER 4 \*State the Disease Causing Death, or, in deaths from Violent (State or country) PLAINLY, W LL! CAUSES, state (1) MELNS OF INJUNY; and (2) whether Accidental, 12 MAIDEN NAME 0 SUICIDAL OF HOMICIDAL. OF MOTHER 81 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 Very EW OR RECENT RESIDENTS 13 BIRTHPLACE In the SO At piece Infor OF MOTHER .... yrs. ..... mee. .......ds. 63 (State or country) of death should state CAR CA Where was dispase contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence (Address Flied m

1 PLACE OF DEATH

REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

DATE OF BURIAL

STATE OF MARYLAND

CERTIFICATE OF DEATH

fif death occurred in

a hospital or institution. give its NAME instead of street and number. ]

Same of

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestie service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housewark, or At Hame, and children, not gainfully who receive a definite salary), may be entered as House--Caal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Hausekeepers only when needed. As examples: (a) Spinner, (b) Collon write Nane precise specification as Day labarer, Farm labarer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever If the occupation has been changed Locomative engineer, But in many cases, If retired from without more The question

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and eonsequences (e. g., sepsis, telanus) may be stated head-hamicide; Poisaned by carbolic acid-prabably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilanitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal eonditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. caugh; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Caneer" is less definite; avoid use of suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, "Heart failure," "Haemorrhage," "lnanition," "Maras-Example: Measles (disease causing death), 29 ds.; Brannephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whoaping or miscarriage as "Puerperal septichaemia," "Old Age," "Shock," "Urumia," "Weakness," The contributory (secondary or intercur-State cause for which Never report mere (Recommendations



V. S. No. 1.

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS A of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. WRITE PLAINLY, WITH N.B.—Every Item o GAUSE OF E 1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

[if deeth occurred in

FULL NAME SUSQUES SW	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX A COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH SOC 24, 1915  (Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw h la alive on D le 20, 191 5
7 AGE  80  yrs. 1 mos. 2 ds.   or. min. ?	and that death occurred on the date stated above, at 3 P.1 m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry,	Chronic Branchitis
business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)	Contributory Charles Myocorda
10 NAME OF FATHER Same Boyer	(Signed) J. M. Resthand, M. D.  Dec 25, 191 & (Address) Frank Play
OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	or RECENT RESIDENCE (FOR HOSPITALS, INATITUTIONA, TRANSIENTS.  or RECENT RESIDENTS)  In the of deathyrs, mos ds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	If not at piece of death?————————————————————————————————————
15 Filed Dec 25, 191 5 V.M. Reichard	Bale pulle Date of Burial  Boundertaker  ADDRESS
Lacal REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
and accord, address blate Regis	ata, o m. Frankin St., Buito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to thme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanitlon," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, dent; Revolver wound of head-homicide; Poisoned Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations of statement of Never report N.



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD of information should be carefully supplied. AGF should be carefully supplied. MARGIN RESERVED FOR BINDING V. S. No. 1.

Villa	ge or City Lettershing No. ,	St.; Ward) [If death occur a hospital or insti give its NAME in ef street and num
7	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	O OILO I WIDDWED OR DIVORCED	18 DATE OF DEATH  (Month)  (Day)
AG B	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased
	1000	, 191, 'to, 1
7 AG	(Month) (Day) (Year)	that I last saw h alive on, 1
	abortion 4n.o. gove 1 day, hrs.	and that death occurred on the date stated above, at  The CAUSE OF DEATH * was as follows:
8,6	CCUPATION	This was an abortion
Supa	a) Trade, profession, or tricular kind of work	
D (b	b) General nature of Industry Islness, or establishment in   **Left	(Durstion) yrs mos.
Wh	hich employed (or employer)	Contributory
В	(State or country) Letters live and	Secondary
	10 NAME OF STATHER	(Signed) DAWishard
l o	11 BIRTHPLACE	DEC. 25, 191 5 (Address) Leitenslen
PARENTS	OF FATHER (State or country Washington loo, Ind.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT SUICIDAL Or HOMICIDAL.
AR	12 MAIDEN NAME	
O.	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place In the
	(State or country) as hinglon 60 Md.	of death yrs mosds. State,yrs mos
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Raymond Swopl	Former or usual residence
I f	(Address) Leitensburg and.	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Ruti 655)	9. T. 1 2/20, 26.11
15		20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servont, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer write None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits ean be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by earbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or misearriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic vulrular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of . . . rent) affection need not be stated unless important. (name origin; "Caneer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Convulsions," "Dropsy," "Exhaustion," "Debility"



RECORD

PERMANENT

4

should be stated EXACTLY.

UNFADING INK-THIS IS WRITE PLAINLY, WITH

V. S. No. 1.

N. B.

ould state	county Drashing low 22107	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 304
PHYSICIANS SHOOL OF OCCUPATION	Village or City Haucocko (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
. #	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
e stated EXACTLY ed. Exact statement	3 SEX 4 COLOR OR PAGE 5 SINGLE, MARRIEO, WIDOWED, OR OlYORCEO (Write the word)  (Month) (Day (Year)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  191 1, to Te 16 191 1;  that I last saw have alive on DCC 16 191 1.
supplied. AGE should be may be properly classified is.	TAGE  Organical Street Street  Soccupation  (a) Trade, profession, or particular kind of work  (b) Generat nature of Industry, business, or establishment in which employed (or employer)  The street	and that death occurred on the date stated above, at Alast 200 m.  The CAUSE OF DEATH* was as follows:  By Cutter Hadden with grogor  (Duration) yrs mos ds.
mation should be carefully in plain terms, so that it ructions on back of certifical	10 NAME OF FATHER Ames Marshall Thomas  11 BIR (HPLACE OF PATHER (State or country) (12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
B.—Every Item of Infor CAUSE OF DEATH Important. See Insti	(State or country) Organia  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informat)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	of death yrs, mos. ds. State yrs, mos, ds Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  FOR MUNDAL  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, ctc. statement. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Architect, But in many eases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia, Bronchopneumonia ("Pneumonia, meninguisied, is indefinite); Tuberculosis of lungs, meninguisies of

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deatus "PUERPERAL peritonitis," etc. birth or miscarriage ete., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," chopncumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephrais, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uraemia," "Weakness," by Always qualify all diseases resulting from childrailway train-accident; Revolver wound of The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause for which Never report mere



#### V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
County Washing To 22109	CERTIFICATE OF DEATH
	Registration Dist, No. 3/12
Village or City Hag us town No 51	E Mart L. It fleath occurred in
Village of City (No	St.; 7Ward) a hespital or institution, give its NAME instead
FULL NAME Many 18 To	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACF 5 SINGLE, 0 '	MEDICAL CERTIFICATE OF DEATH
Domale MARRIEO, Surge	16 DATE OF DEATH (Month) (Day (Year)
while (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Dec 9, 1911, to Dec 13, 1915
(Month) (Day (Year)	that I last saw he salive on Dec 13 1915
7 AGE If LESS than	and that death occurred on the date atated above, at 1:30 P m
yrs 6 mos 2 8 ds or min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry, business, or establishment in	Dehlleri
which employed (or employer)	Ouration) yrs mos 4 ds
BIRTHPLACE (State or country)	Contributory
10 NAME OF 1	Cardiae Efhansler (Dyration) yrs mos 18
FATHER A - 7	(Signed) CB Hauffer M. D
on 11 BIRTHPLACE	Dec 13, 1915 (Address) / Vagus long king
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causino Death, of, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
OF MOTHER (State or country)	At place In the of death yrs, mos, ds. State yrs, mos, ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Mormani A-M. Tom Lauge	Former or
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Aagen www. Ma	10.00 7/1/10 12/11 6
12/11 5 2/ 21 Dais	20 UNDERTAKER ADDRESS
Filed 1910 REGISTRAR	QK College Hades
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Helto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very Important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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Village or City Herepsatown (No. 129 Elo. 2 FULL NAME CONTELLIA H. WO	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302  Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junale While Single, Willow OR DIVORCED (Write the word)	16 DATE OF DEATH DEC. 15, 1915 (Month) (Day) (Year)
© DATE OF BIRTH  DEC  (Month)  (Day)  (Year)  TAGE  If LESS than 1 day, hrs.	that I last saw h alive on the date stated above, at m.  The GAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession, or particular kind of work.  Town	Chronie Myocaditis
(b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Caud	Contributory Curvina Dacture Secondary
10 NAME OF SALUELY Jack  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME)	(Signed) (Ouration) yrs. mos. ds.  (Signed) (No. 191.5 (Address) Hays storm M. 0.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
13 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)	SUICIDAL OF HOMICIDAL.  CLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) He low town Md	Where wes disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 12/16 - 1915 Henry Rause REGISTRAR	Rose Will 717 1915. 20 UNDERTAKER Watkern Winnel Hay Md
If more blanks are oeeded, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Carc should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekrepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. only when needed. As examples: (a) Spinner, (b) Collon mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil applies to each and every person, irrespective of ago For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, nenin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, letanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL sephichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urarmia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," ctc.), "Anaemia" symptoms or terminal conditions, such as "Asthenia," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . head-homicide; Struck by railway train-accident; Revolver chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, nia" (merely symptomatic), "Atrophy," "Col-"Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by "Dropsy," "Exhaustion," carbolic acid-probably wound



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of A PERMANENT RECORD BINDING FOR WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN S. No. 1.

	PLACE OF DEATH 22111	STATE OF MARYLAND
Co	in floring los	CERTIFICATE OF DEATH
		Registration Dist. No. 366
Vil	age or City Torse (No. , )	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	4 COLOR OR RACE 6 SINGLE, MARRIED, WIDDWED OR DIVORCEO (Write the word)	(Month) (Day) (Year)  IT I HEREBY CERTIFY, That I attended deceased from
6 0	(Month) (Day) (Year)	that I last saw her alive on To-, 1913,
	O yrs O ds Ord min.?	and that death occurred on the dato stated above, at
KO	OCCUPATION (a) Trade, profession, or particular kind of work	Cherraline Bullo
1	(b) General nature of Industry pusiness, or establishment in which employed (or employer)	(Burallee) pro mos de la company de la compa
_	State or country asking to Co, Ind	Contributory Secondary Secondary Contributory Contributor
S	10 NAME OF FATHER G. Wiles	(Signod) , M. U.
TNE	BIRTHPIACE OF FATHER (State or country) was a suite of the country	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
)d	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placs In the of deeth yes uses des. Siste, yes most des.
14	(Infermant)	If not at placs of death?  Former or  weekt residence
15	(Address Smithburg Ind My	PRIACE OF BURIAL OR REMOVAL DATE OF BURIAL DEC. 16.101.5.
,	FRED Dec. 16, 1915 Jan Jerguson	Roch Forge Address
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S.No. 1.

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the write None. Housemaid, etc. Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever If the occupation has been changed

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial (name forigin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-aecident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means or injury and qualify as accidental, surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) important.



V. S. No. 1.

1 PLACE OF DEATH

t of	1	LIZAL 1	(My)	STATE OF MA	ARYLAND OF DEATH
SICIA	Count		(1)	Registration D	3/11/
PH)	Villag	ge or City Hagerslewn (No. 523, Cel	ulral av	St.; 5 Ward)	[If death occurred in a hospital or institution, give its NAME instead
CTLY.		2 FULL NAME Reese Linewood	Wilme	<u>.                                    </u>	of street and number.]
Fied		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
stated Ely classie.	3 SE	4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR OLVORGEO (Write the word)	16 OATE OF DEA	(Month)	2 7 kg, 1915 (Day) (Year)
buld be proper ertificat	6 DA	Delvlees 20th, 1915- (Month) (Day), 1 (Year)		, 191.5, to	, 191,
sho y be	7 AGI				stated above, atm.
AGE it ma	13	yrs. 2 mos. 7 ds. OR min.?	The CAUSE OF DEATH * was as follows: Patient has no oblighting (nurical) as		
hat on	B OCCUPATION (a) Trade, profession, or particular kind of work		/ \4	can make	out it hast
ppli so t			D		was no Evidnes
lly surms,	(b) General nature of industry business, or establishment in which employed (or employer)		of violence	(Duration)	yrs ds
arefu ain te e inst	9 BIRTHPLACE (State or country) Mary land		Contributor		hart 24 D
d be o in pla		10 NAME OF Earl Wilner	(Signsd)	hu Hukece	M. 0.
Shoul EATH ortan	ENTS	11 BIRTHPLACE OF FATHER (State or country) Hagerslown Md	*State the	DISEASE CAUSING DEATH, (1) MEANS OF INJURY; and	or, in deaths from Violent (2) whether Accidental,
OF D	PARE	12 MAIOEN NAME E Val. Jurner	18 LENGTH OF RE		S, INSTITUTIONS, TRANSIENTS,
Norm NUSE is ver		13 BIRTHPLACE OF MOTHER (State or country) Hagerstown Md	At placs of deathyrs. Where was disease co	mos. ds. Sta	ne ite,yrsmosds.
OCT	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE		if not at placs of dea		
stat		(Informant) Qua Turnur	Former or usual residence		
250	-	(Address Thougerstown Md	19 PLACE OF BU	RIAL OR REMOVAL	DATE OF BURIAL
sho OCC	15 12/28 1915 Henry Dairs		20 UNDERTAKE	R	ADDRESS
Z Z		REGISTRAR	Piraiss	Brus.	Hagerstour
		If more blanks are needed, address State Registrar,	16 W. Saratoga St.,	Balto., Requesting V. S. No.	1.

STATE OF MARYLAND

99119



[Approved by U. S. Census and American Public Health Association.]

the duties of the household only (not paid Housekeepers E yrs.). For persons who have no occupation whatever, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housewrite None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulis provided for the latter statement; it should be used Statement of Occupation-Precise statement of occupa-Compositor, Architect, Stationary fireman, etc. The material worked on may form part Never return "Laborer," Locomotive engineer, But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synnonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "Puerpenal septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Puerperal peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Mausles; Whooping The contributory (secondary or intercur-State cause for which Never report mere (Recommendations "Exhaustion, nound



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RECORD

PERMANENT

Very state PHYSICIANS should of OCCUPATION IS statement classified. be should properly AG supplied. be may certificate. that 0 0 pe back terms, plain Instructions 2 EATH See P G Every Item CAUSE OF Important. S

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 33 fif death occurred in -Ward) a hospifal or institution. give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE MARRIED, Ha 18 DATE OF DEATH (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 7 AGE and that death occurred on the date stated above, at 1 day .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAMES OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_ yrs. ..... \_ ds. State \_\_\_\_\_ vrs. \_ Where was disease contracted. If not at place of death?. Former or usual residence DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto. Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Consus and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman,"

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scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: mia," "l'uenteral peritonitis," etc. State cause for thenia," "Auaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or mlsearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertakeu. For vioete., when a definite disease can be ascertained as the is less definite; avoid use of "Tumor" for malig-The contributory (seeoudary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 3: 1916 BUREAU, V.S. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cour	1 PLACE OF DEATH  11y Washington 22114	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302						
Villa	ge or City Hayustown (No. 908, Och 2 FULL NAME Jane B. Way	Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]						
4	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH						
FSE	x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED LIGHT (Write the word)	16 DATE OF DEATH (Month) (Day) , 1915 (Year)						
DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from						
hg	Dic 21 1823	that I last saw he valive on 1000, 1910,						
7.AG	(Month) (Day) (Year)  E   If LESS than	and that death occurred on the date stated above, at						
	92 <sub>yrs</sub> mos ds OR min.?	The CAUSE OF DEATH * was as follows:						
(a	CCUPATION  1) Trade, profession, or ricular kind of work	Chronic Sofficies -						
bu:	) General nature of industry siness, or establishment in	(Burallon) / yrs. mos. ds.						
	IRTHPLACE (State or country)	Contributory Seuclely gaune						
	10 NAME OF THE BREWEN	(Signed) (Signed) (Buration) M. 3 mos ds,						
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causino Death, or, is deaths from Violent Causes, state (1) Means of Injury; and (1) whether Accidental, Suicidal or Homicioal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent. Residents)  Al place  In this of death						
PAR	of Mother Hay Lama							
	13 BIRTHPLACE OF MOTHER (State or country)							
(Informant) Trum Holpfull		If not at piace of death?  Former or usual residence						
15	(Address) Hageistown Md	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL						
FI	el 12/21, 1915 Olemy Ravis REGISTRAR	Watkins Minniel Log Alda						
	If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.							

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Gracery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, Civil If retired from (b) Auto-

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number. MEDICAL CERTIFICATE OF DEATH 1912 (Day) CERTIFY, That I attended deceased from and that death occurred on the date stated above, a

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,

In the

DATE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stutionory fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urasmia," "Weakness," and eonsequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL perilonitis," etc. State cause for which birth or misearriage cause. "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of to determine definitely. chopneumonia (secondary), 10 ds. when a definite disease can be ascertained as the by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercuras "Puerperal septichaemia," Examples: Accidental drowning; Never report mere (Recommendations



V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND						
Cour	Washington 22116	CERTIFICATE OF DEATH						
Coun		Parisherian Pint N. 302						
	y/ +	Registration Dist. No.						
Villa	ge or City Hagerstown (No. 49, 6	franklin st.; (Ward) [If death occurred in a hospital or institution,						
	2 FULL NAME St. Meade your	give its NAME instead of street and number.]						
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH						
3 SE	X 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH						
MA	ale white WIOOWED Sigle	(Month) (Day) (Year)						
IN		17 I HEREBY CERTIFY, That I attended deceased from						
6 OA	TE OF BIRTH	, 191, to, 191, 191						
	(Month) (Day) , 1 (Year)	that I last saw hour alive on the 3/ 1915						
7 AG	(100)	and that death occurred on the date stated above, at						
	1 day, hrs.	The CAUSE OF DEATH # was as follows:						
	yrs, omos, ds. or min.?	by the Sur Cede by Gas						
8 00	CCUPATION I) Trade, profession, or R R R R R R R R R R R R R R R R R R	Can aver bly wanters.						
pa	riicular kind of work							
b (b	o) General nature of industry Siness, or establishment in MAA 12							
wh	lich employed (or employer)	(Duration) yrs. mos. da						
9 BI	(State or country)	Secondary Secondary						
	10 NAME OF MINE Plans Of A	(Signed) July Hullerey J. M.						
ဟ	11 BIRTHPLACE	(Address) Jogerslown Mo						
PARENTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIDENTAL,						
R	12 MAIDEN NAME OF MOTHER	SUICIDAL OF HOMICIDAL.						
PA	Trancis Weller	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)						
	13 BIRTHPLACE OF MOTHER (State or country)	At place in ths of death yrs. mos. de. State, yrs. mos. de						
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	Where was disease contracted, if not at place of death?						
	(Informant) Min Elmer Gankers	Former er usual residence						
177	(Address) Millatine Wash les Md	M: Old - Kingh he MA Dan 324, 1916.						
15	12/21 -1	Marian Boute de						
Fil	ed 791, 1910 Telling saure	20 UNOERTAKER . Alland . A DARRESS						
	REGISTRAR	Mathems & Manual Indiano						
	If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.							

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Caak, employed, as At school or At home. Care should be wife, Housewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Gracery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons precise specification as Day laborer, Form loborer, Labarer "Foreman," "Manager." "Dealer," etc., without more mabile factory. especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Campositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part Locomative engineer, Civil If retired from

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on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequenees (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drawning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deatus mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-hamicide; Paisaned by carbolic acid-probably Struck by railway train-occident; Revolver wound birth or misearriage as "Puerperal sephenaema," "Puerperal peritonihis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anaemia" symptoms or terminal conditions, such as "Asthenia, chapneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Branrent) affection need not be stated unless important. cough; Chronic valendar heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcama, etc., of. "Coma," (merely symptomatic), The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," Never report mere "Atrophy,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	1 PLACE OF DEATH	STATE OF MARYLAND				
0	Washington agrico	CERTIFICATE OF DEATH				
Coun	AG 1 1	Registration Dist. No. 3/0				
Villa	ge or City Kuptrysh (No. ,		[if death occurred in a hospital or institution, give its NAME instead			
	2 FULL NAME Marian a	loung	of street and number.]			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3 SE	mal while (Write the word)	16 DATE OF DEATH (Month)  17 A I HEREBY CERTIFY, That Lat	(Day) (Year)			
6 DA	1 Sember 9 1852	Lerly , 1915, to Dec 6 , 1910,				
7 AG	(Month) (Day) (Year)	that I last saw har alive on	1916,			
, AG	1 day, hrs.	and that death occurred on the date st				
	(o 9 yrs. 2 mos. 2 7 ds.   OR min.?	The CAUSE OF DEATH & was as follow	a s 1 5%			
\ (a	CCUPATION  1) Trade, profession, or Housewife  rticular kind of work	Ridney				
(b	General nature of industry					
bu: Wh	siness, or establishment in ich employer)	(Duration) yrs. o mos. ds.				
9 BIRTHPLACE (State or country.) 4MM		Secondary  Light Wester (Question) Ab yre. mos. ds.				
	10 NAME OF Dallon Hammond	(Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)				
RENTS	11 BIRTHPLACE OF FATHER (State or country) Sungland					
PAR	of MOTHER OSLIA Tilliam					
	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place In the	,yrs,moeds.			
14 T	Informant) ANN B BRONSON	if not at place of death ?				
(	(Address) Harpers Ferry Wa	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL			
15 Fil	led Dee 7 th, 1910 OM la Sountins.	20 UNDERTAKER WATTER	ADDRESS THE BUILDING			
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.						

[Approved by U. S. Census and American Public Health Association.]

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genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably on Nomenelature of the American Medical Association.) Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonities," etc. State cause for which "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichuemia." eause. ete., when a definite disease can be ascertained as the "Annemia" (merely symptomatie), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Branrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic vulnular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinama, Sarcoma, etc., of . . . . Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Coma," "Senile," "Convulsions," "Debility" etc.), "Dropsy," "Atrophy," "Exhaustion," ("Con-

